Gulstonian Lectures

ON THE

RELATIONS BETWEEN BODY AND MIND,

AND BETWEEN

MENTAL AND OTHER DISORDERS OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians in 1870.

By HENRY MAUDSLEY, M.D., F.R.C.P.,

PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE, LONDON.

LECTURE III.—Part I.

Gentlemen,—In my last lecture I showed how large a part in the production of insanity is played by the hereditary neurosis, and pointed out the necessity of scrutinising more closely than has yet been done the features of the different forms of mental derangement that own its baneful influence. Past all question it is the most important element in the causation of insanity. It cannot be in the normal order of events that a healthy organism should be unable to bear ordinary mental trials, much less a natural physiological function such as the evolution of puberty, the puerperal state, or the climacteric change. When, therefore, the strain of grief or one of these physiological conditions becomes the occasion of an outbreak of insanity, we must look for the root of the ill in some natural infirmity or instability of nerve element. Not until we apply ourselves earnestly to an exact observation and discrimination of all the mental and bodily conditions which co-operate in the causation, and are manifested in the symptoms, of the manifold varieties of insanity shall we render more precise and satisfactory our knowledge of its causes, its classification, and its treatment. How unscientific it appears, when we reflect, to enumerate, as is commonly done, sex and age amongst its predisposing causes! No one goes mad because he or she happens to be a man or a woman, but because to each sex, and at certain ages, there occur special physiological changes, which are apt to run into pathological effects in persons predisposed to nervous disorder. How often it happens that a moral cause of insanity is sought and falsely found in a state of mind such as grief or jealousy, which is really an early symptom of the disease! Again, how vague and unsatisfactory the accepted psychological classification of insanity, under which forms of disease distinct enough to claim separate descriptions are included in the same class! It is obvious that we learn very little of value from an account of the treatment of mania generally when there are included under the class diseases so different as puerperal mania, the mania of general paralysis, syphilitic, epileptic, or hysterical mania, each presenting features and requiring treatment in some degree special. The hope and the way of advance in our knowledge of mental disorders lie in the exact observation of the varieties of the insane diathesis, and of the effects of bodily functions and disorders upon these; in noting carefully the bodily as well as mental symptoms that characterise the several forms of derangement of mind; and in tracing the relations of mental to other disorders of the nervous system. We must aim to distinguish well if we would teach well—to separate the cases that exhibit special features and relations, and to arrange them in groups or classes according to their affinities, just as we do habitually with general paralysis, and as I did in my last lecture with epileptic mania.

Following this plan, as proposed by Dr. Skae, we might in like manner make of *hysterical* insanity a special variety. An attack of acute maniacal excitement, with great restlessness, rapid and disconnected but not entirely incoherent conversation, sometimes tending to the erotic or obscene, evidently without abolition of consciousness; laughing, singing, or rhyming, and perverseness of conduct, which is still more or less coherent and seemingly wilful,—may occur in connexion with, or instead of, the usual hysterical convulsions. Or the ordinary hysterical symptoms may pass by degrees into chronic insanity. Loss of power of will is a characteristic symptom of hysteria in all its protean forms, and with the perverted sensations and disordered movements there is always some degree of moral perversion. This increases until it swallows up the other symptoms: the patient loses more and more of her energy and self-control, becoming capriciously fanciful about her health, imagining or feigning strange diseases, and keeping up the delusion or the imposture with a pertinacity that might seem incredible, getting more and more impatient of the advice and interference of others, and indifferent to the interests and duties of her position. Outbursts of temper become almost outbreaks of mania, particularly at the menstrual periods. An erotic tinge may be observable in her manner of behaviour; and occasionally there are quasi-ecstatic or cataleptic states. It is an easily curable form of derangement if the patient be removed in time from the anxious but hurtful sympathies and attentions of her family, and placed under good moral control; but if it be allowed to go on unchecked, it will end in dementia, and it is especially apt to do so when there is a marked hereditary predisposition.

In some instances we observe a curious connexion between insanity and neuralgia, not unlike that which, existing between epilepsy and a special form of neuralgia, induced Trousseau to describe the latter as epileptiform. I have under observation now a lady who suffered for some time from an intense neuralgia of the left half of the face; after the removal of a tooth suspected to be at the root of the mischief the pain ceased, but an attack of melancholia immediately followed. Griesinger mentions a similar case of a gentleman under his care, in whom a double occipital neuralgia was followed by a melancholic state of mind. In his "Commentaries on Insanity" Dr. Burrows tells of a very eloquent divine who was always maniacal when free from pains in the spine, and sane when the pains returned to that site. And the late Sir B. Brodie mentions two cases of a similar kind: in one of them a neuralgia of the vertebral column alternated with true insanity. These cases appear to be instances of the transference of morbid action from one nerve-centre to another, such as Dr. Darwin formerly noticed and commented on. "Mrs. C——," he says, "was seized every day, about the same hour, with violent pain in the right side of her bowels, about the situation of the lower edge of the liver, without fever, which increased for an hour or two, till it became quite intolerable. After violent screaming she fell into convulsions, which terminated sometimes in fainting, with or without stertor, as in common epilepsy; at other times a temporary insanity supervened, which continued about half an hour, and the fit ceased." It seems not unreasonable to suppose that the morbid action in the sensory centres, which the violent neuralgia implied, was at one time transferred to the motor centres, giving rise to convulsive movements, and at another time to the mind-centres, giving rise to convulsive ideas. There is a form of neuralgia which is the analogue of a convulsion, and there is a mania which is the counterpart, in the highest nerve-centres, of neuralgia and convulsions in their respective centres. Perhaps if we had the power in some cases of acute insanity to induce artificially a violent neuralgia, or general convulsions—to transfer the morbid action from the mind-centres, we might, for the time being at any rate, cure the insanity.

I pass on now to exhibit the effects of organic sympathies in the causation of mental disorders, or rather the specific effects of particular organs upon the features of different forms of insanity. In my first lecture I pointed out that there is the closest physiological consent of functions between the different organs; that the brain, as the organ of mind, joins in this consent; and that our ideas and feelings are obtained by the concurrence of impressions from the internal organs of the body and the external organs of the senses. The consequence is that derangement of an internal organ, acting upon the brain, may engender, by pathological sympathy, morbid feelings and their related ideas. The mental effects may be general or specific: a general emotional depression through which all ideas become gloomy, of which everyone's experience testifies; and a special morbid feeling with its particular sympathetic ideas, of which the phenomena of dreaming and insanity yield illustrations.

The slight shades of this kind of morbid influence we cannot venture to trace; but it is easy to recognise the most marked effects. Take, for example, the irritation of ovaries or uterus, which is sometimes the direct occasion of *nymphomania*—a disease by which the most chaste and modest woman is transformed into a raging fury of lust. Some observers have, without sufficient reason I think, made of *nymphomania* a special variety, grouping under the term cases in which it was a prominent symptom. But it certainly occurs in forms of mania that are quite distinct—in puerperal mania, for example, in epileptic mania, and in the mania sometimes met with in old women; and the cases in which it does occur have not such characteristic features as warrant the formation of a definite group. We have, indeed, to note and bear in mind how often sexual ideas and feelings arise and display themselves in all sorts of insanity; how they connect themselves with ideas which in a normal mental state have no known relation to them; so that it seems as inexplicable that a virtuous person should ever have learnt, as it is distressing that she should manifest, so much obscenity of thought and feeling. Perhaps it is that such ideas are excited sympathetically by other ideas in a morbidly active brain, just as, in other nervous disorders, sympathetic morbid sensations and movements occur in parts distant from the seat of the primary irritation. Considering, too, what an important agent in the evolution of mind the sexual feeling is, how much of thought, feeling, and energy it remotely inspires, there is less cause for wonder at the naked intervention of its simple impulses in the phenomena of mania when co-ordination of function is abolished in the supreme centres, and the mind resolved, as it were, into its primitive animal elements. This should teach us to take care not to attribute too hastily the sexual feelings to a morbid irritation of the sexual organs. It is plain that they may have a purely central origin, just as the excitation of them in health may proceed from the mind. Here, in fact, as in other cases, we must bear in mind the reciprocal influence of mind on organ, and of organ on mind.

The great mental revolution which occurs at puberty may go beyond its physiological limits, in some instances, and become pathological. The vague feelings, blind longings, and obscure impulses which then arise in the mind attest the awakening of an impulse which knows not at first its aim or the means of its gratification; a kind of vague and yearning melancholy is engendered, which leads to an abandonment to poetry of a gloomy Byronic kind, or to indulgence in indefinite religious feelings and aspirations. There is a want of some object to fill the void in the feelings, to satisfy the undefined yearning—a need of something to adore; consequently, where there is no visible object of worship the invisible is adored. The time of this mental revolution is, at best, a trying period for youth; and where there is an inherited infirmity of nervous organisation the natural disturbance of the mental balance may easily pass into actual destruction of it.

The form of derangement connected with this period of life I believe to be either a fanciful and quasi-hysterical melancholia, which is not very serious when it is properly treated; or an acute mania, which is apt to be recurrent, and is much more serious. The former occurs especially in girls, if it be not peculiar to them: there are periods of depression and paroxysms of apparently causeless weeping, alternating with times of undue excitability, more especially at the menstrual periods; a disinclination is evinced to work, to rational amusement, to exertion of any kind; the behaviour is capricious, and soon becomes perverse and wilful; the natural affections seem to be blunted or abolished, the patient taking pleasure in distressing those whose feelings she would most consider when in health; and, although there are no fixed delusions, there are unfounded suspicions or fears and changing morbid fancies. The anxious sympathies of those most dear are apt to foster the morbid self-feeling which craves them, and thus to aggravate the disease: what such patients need to learn is, not the indulgence but a forgetfulness of their feelings, not the observation but the renunciation of self, not introspection but useful action. In some of these cases, where the disease has become chronic, delusions of sexual origin occur, and the patient whose virginity is intact imagines that she is pregnant or has had a baby.

The morbid self-feeling that has its root in the sexual system is not unapt to take on a religious guise. We observe examples of this in certain members of those latter-day religious sects which profess to commingle religion and love, and which especially abound in America. No physiologist can well doubt that the holy kiss of love in such cases owes all its warmth to the sexual feeling which consciously or unconsciously inspires it, or that the mystical union of the sexes lies very close to a union that is nowise mystical, when it does not lead to madness. A similar intimate connexion between fanatical religious exaltation and sexual excitement is exemplified by the lives of such religious enthusiasts as St. Theresa and St. Catherine de Sienne, whose nightly trances and visions, in which they believed themselves received as veritable spouses into the bosom of Christ and transported into an unspeakable ecstacy by the touch of his sacred lips, attested, though they knew it not, the influence of excited sexual organs on the mind. More extreme examples of a like pathological action are afforded by those insane women who believe themselves to be visited by lovers or ravished by persecutors during the night. Sexual hallucinations, betraying an ovarian or uterine excitement, might almost be described as the characteristic feature of the insanity of old maids; the false visions of unreal indulgence being engendered probably in the same way as visions of banquets occur in the dreams of a starving person, or as visions of cooling streams to one who is perishing of thirst. It seems to be the fact that, although women bear sexual excesses better than men, they suffer more than men do from the entire deprivation of sexual intercourse.

The development of puberty may lead indirectly to insanity by becoming the occasion of a vicious habit of self-abuse in men; and it is not always easy to say in such cases how much of the evil is due to pubescence and how much to self-abuse. But the form of mental derangement directly traceable to self-abuse has certainly characteristic features. There are no acute symptoms, the onset of the disease being most gradual. The patient becomes offensively egotistic and impracticable; he is full of self-feeling and self-conceit; insensible to the claims of others upon him, and of his duties to them; interested only in hypochondriacally watching his morbid sensations, and attending to his morbid feelings. His mental energy is sapped; and though he has extravagant pretensions, and often speaks of great projects engendered by his conceit, he never works systematically for any aim, but exhibits an incredible vacillation of conduct, and spends his days in indolent and suspicious self-brooding. His relatives he thinks hostile to him, because they do not take the interest in his sufferings which he craves, nor yield sufficiently to his pretensions, but perhaps urge him to some kind of work; he is utterly incapable of conceiving that he has duties to them. As matters get worse, the general suspicion of the hostility of people takes more definite form, and delusions spring up that persons speak offensively of him, or watch him in the street, or comment on what passes in his mind, or play tricks upon him by electricity or mesmerism, or in some other mysterious way. His delusions are the objective explanation, by wrong imagination, of the perverted feelings. Messages may be received from heaven by peculiar telegraphic signals; and there are occasionally quasi-cataleptic trances. It is strange what exalted feelings and high moral and religious aims these patients will often declare they have, who, incapable of reforming themselves, are ready to reform the world. A later and worse stage is one of moody or vacant self-absorption, and of extreme loss of mental power. They are silent, or, if they converse, they discover delusions of a suspicious or obscene character, the perverted sexual passion still giving the colour to their thoughts. They die miserable wrecks at the last. This is a form of insanity which certainly has its special exciting cause and its characteristic features; nevertheless, I think that self-abuse seldom, if ever, produces it without the co-operation of the insane neurosis.

The monthly activity of the ovaries which marks the advent of puberty in women has a notable effect upon the mind and body; wherefore it may become an important cause of mental and physical derangement. Most women at that time are susceptible, irritable, and capricious, any cause of vexation affecting them more seriously than usual; and some who have the insane neurosis exhibit a disturbance of mind which amounts almost to disease. A sudden suppression of the menses has produced a direct explosion

of insanity; or, occurring some time before an outbreak, it may be an important link in its causation. It is a matter also of common experience in asylums, that exacerbations of insanity often take place at the menstrual periods; but whether there is a particular variety of mental derangement connected with disordered menstruation, and, if so, what are its special features, we are not yet in a position to say positively. There is certainly a recurrent mania, which seems sometimes to have, in regard to its origin and the times of its attacks, a relation to the menstrual function, suppression or irregularity of which often accompanies it; and it is an obvious presumption that the mania may be a sympathetic morbid effect of the ovarian and uterine excitement, and may represent an exaggeration of the mental irritability which is natural to women at that period. The patient becomes elated, hilarious, talkative, passing soon from that condition into a state of acute and noisy mania, which may last for two or three weeks or longer, and then sinking into a brief stage of more or less depression or confusion of mind, from which she awakens to calmness and clearness of mind. In vain we flatter ourselves with the hope of a complete recovery; after an interval of perfect lucidity, of varying duration in different cases, the attack recurs, goes through the same stages, and ends in the same way, only to be followed by other attacks, until at last, the mind being permanently weakened, there are no longer intervals of entire lucidity. Could we stop the attacks the patient might still regain by degrees mental power; but we cannot. All the resources of our art fail to touch them, and I know no other form of insanity which, having so much the air of being curable, thus far defies all efforts to stay its course. We should be apt to conclude that it was connected with the menstrual function, were it not that periodicity is more or less the law of all nervous diseases, that its attacks often recur at uncertain intervals, and, more decisive still, that it is not confined to women, but occurs perhaps as often in men. Whether connected or not, however, in any way with the generative functions, it certainly presents features of relationship to epilepsy, and occurs where the insane neurosis exists; and if I were to describe it in a few words, I should designate it an epilepsy of the mind. Its recurrence more or less regularly, the uniformity of the prodromata and of the symptoms of the attack, each being almost an exact image of the other,—its comparatively brief duration,—the mental torpor or confusion which follows it, and the ignorance or denial sometimes on the part of the patient of his having had the attack,—the temporary recovery, and the undoubted fact that it often occurs where there is evidence of an insane neurosis produced by epilepsy, or insanity, or both, in the family,—these are facts which support the opinion of its kinship to epilepsy. I have under my care an unmarried lady who for many years has been subject to these recurrent attacks of mania, and whose intelligence has now been destroyed by them; ultimately true epileptic fits supervened, but they only occur at long intervals, usually not oftener than twice a year, while the maniacal attacks recur regularly every three or four weeks. It is of some interest, in regard to the question of its nature, that the age of its most frequent outbreak is, as it is with epilepsy, the years that cover the development of puberty. Irregularity or suppression of menstruation may or may not be present, so that we are not warranted in attributing the disease to amenorrhœa or dysmenorrhœa; we are the less warranted in doing so as any form of insanity, however caused, may occasion a suppression of the menses.

The natural cessation of menstruation at the change of life is accompanied by a revolution in the economy which is often trying to the mental stability of those who have a predisposition to insanity. The age of pleasing is past, but not always the desire, which, indeed, sometimes grows then more exacting; there are all sorts of anomalous sensations of bodily distress, attesting the disturbance of circulation and of nerve functions; and it is now that an insane jealousy and a propensity to stimulants are apt to appear, especially where there have been no children. When positive insanity breaks out, it usually has the form of profound melancholia, with vague delusions of an extreme character, as that the world is in flames, that it is turned upside down, that everything is changed, or that some very dreadful but undefined calamity has happened or is about to happen. The countenance has the expression of a vague terror and apprehension. In some cases short and transient paroxysms of excitement break the melancholy gloom. These usually occur at the menstrual periods, and may continue to do so for some time after the function has ceased. It is not an unfavourable form of insanity as regards probability of recovery under suitable treatment.

Continuing the consideration of the influence of the generative organs in the production of insanity, I come now to puerperal insanity. Under this name are sometimes confounded three distinct varieties of disease—that which occurs during pregnancy, that which follows parturition and is properly puerperal, and that which comes on months afterwards during lactation.* The insanity of pregnancy is, as a rule, of a marked melancholic type, with suicidal tendency; a degree of mental weakness or apparent dementia being sometimes conjoined with it. Other cases, however, exhibit much moral perversion, perhaps an uncontrollable craving for stimulants, which we may regard as an exaggerated display of the fanciful cravings from which women suffer in the earlier months of pregnancy. We can hardly fail, indeed, to recognise a connexion between the features of this form of insanity and the strange longings, the capriciousness, and the morbid fears of the pregnant woman. The patient may be treated successfully by removal from home; but if the disease be allowed to go on, there is no good ground to expect that parturition will have a beneficial effect upon it; on the contrary, the probability is that it will run into a severe puerperal insanity, and from that into dementia.

Puerperal insanity proper comes on within one month of parturition; and, like the insanity of pregnancy, occurs most often in primiparæ. The statistics of the Edinburgh Asylum show that in all the cases occurring before the sixteenth day after labour, as most cases do, the symptoms were those of acute mania; but in all the cases which occurred after the sixteenth day they were those of melancholia. In both forms, but especially in the latter, there is sometimes a mixture of childishness and apparent dementia. The mania is more likely than the melancholia to get well. It is of an acute and extremely incoherent character, a delirious rather than a systematised mania, marked by noisy restlessness, sleeplessness, tearing of clothes, hallucinations, and in some cases by great salacity, which is probably the direct mental effect of the irritation of the generative organs. Suicide may be attempted in an excited, purposeless way. The bodily symptoms, contradicting the violence of the mental excitement, indicate feebleness: the features are pinched; the skin is pale, cold, and clammy; and the pulse is quick, small, and irritable. We may safely say that recovery takes place in three out of four cases of puerperal mania, usually in a few weeks; the patient, after the acute symptoms have subsided, sinking into a temporary state of confusion and feebleness of mind, and then waking up as from a dream. I may add the expression of a conviction that no good, but rather harm, is done by attempting to stifle this or any other form of acute insanity by the administration of large doses of opium.

The insanity of lactation does not come under the scheme of this lecture; for it is an asthenic insanity, produced by bodily exhaustion and the depression of mental worries. The time of its occurrence seems to show that the longer the child is suckled the greater is the liability to it; and in the majority of cases it has the form of melancholia, often with determined suicidal tendency.

So frequently is hereditary predisposition more or less distinctly traceable in these three forms of insanity occurring in connexion with child-bearing, that we are warranted in declaring it quite exceptional for any one of them to be met with where it is entirely absent.

I have now enumerated all the forms of insanity which, being specially connected with the generative organs, present characteristic features. It is certain, however, that disease of them may act as a powerful co-operating cause in the production of insanity, without giving rise, so far as we know, to a special group of symptoms. Thus, for example, melancholia, distinguishable by no feature from melancholia otherwise caused, may be the effect of disease of the uterus. Schroeder van der Kolk mentions the case of a woman profoundly melancholic who suffered from prolapsus uteri, and in whom the melancholia disappeared when the uterus was returned to its proper place. Flemming re-

* The Insanity of Pregnancy, Puerperal Insanity, and Insanity of Lactation. By J. Batty Tuke, M.D.

lates two similar cases in which melancholia was cured by the use of a pessary, the depression returning in one of them whenever the pessary was removed; and I have met with one case in which profound melancholia of two years' standing disappeared after the removal of a prolapsus uteri. Other diseases and displacements of the uterus may act in a similar way.

ON THE

LOCAL APPLICATION OF SULPHURIC ACID IN THE TREATMENT OF CARIOUS AND NECROSED BONE.

BY GEORGE POLLOCK, F.R.C.S.,
SURGEON TO ST. GEORGE'S HOSPITAL.

WHATEVER will aid in the speedy and safe removal of dead or dying bone without instrumental interference must be a boon to the patient and an acceptable measure to the surgeon. There is, however, nothing novel in the proposal to hasten the separation of dead or dying bone by the application of a strong mineral acid. Every practitioner is aware of the chemical effect of the one when brought in contact with the other. Every pupil is familiar with the preparation of a bone deprived of its earthy particles, and rendered so soft and so pliable as to allow of its being bent upon itself, or of its being cut with a knife. But as a local application for the more speedy removal of dying bone, or for the more rapid separation of dead bone, or for the destruction of the surface of a carious cavity and the disintegration of all the diseased bone lying therein, sulphuric acid does not appear to have been so generally appreciated as it deserves, nor are its effects sufficiently known. It possesses the advantages of being a very simple and perfectly safe application for the purposes indicated; is thoroughly antiseptic when used as a dressing for foul, diseased bone cavities; is comparatively painless when applied to carious bone; and is seldom productive of any irritation in the surrounding soft tissues. I am therefore sanguine that a few remarks upon its use, and upon the results of its application in a large number of cases, may not be unacceptable to the profession.

My attention was first drawn to the desirability of some such solvent as sulphuric acid in diseased bone, by a case of extensive necrosis of the bones of the skull, the result of congenital syphilis, in a young woman under twenty years of age. She had been the victim of this diseased action in the bones for some years. The discharge was most offensive. A large portion of the skull was exposed and dying; and portions were dead, but not loose. It was evident that a very long period must elapse before the whole of the diseased mass would be separated from the living, healthy bone, if the process of exfoliation was left to nature. I was averse to any instrumental interference for the removal of the diseased portions, from having witnessed untoward and even fatal consequences follow attempts to remove dead bone from the skull by operation. It occurred to me, however, that if by the application of sulphuric acid to the exposed, dying, and dead bone, its solution or disintegration could be surely and gradually effected, much time might be saved, and the removal of the offensive mass be more quickly attained than if left to the slower work of time. I was led to the conclusion that if bone removed from the body could be rendered soluble or soft by the action of sulphuric acid, a similar result would as surely follow its application to dead bone in the living subject. I therefore determined to have recourse to the application of the acid as an experiment. The following are short notes of a few cases, among a large number, in which the treatment has been adopted.

M. M——, aged nineteen, admitted into St. George's Hospital in March, 1865, with a number of irregular ulcerations, very foul and sloughy, on the scalp and forehead, with much bone exposed and necrosed. The mother attributed the disease to the result of vaccination; but there could be no doubt that it was the result of congenital syphilis, and this conclusion was subsequently confirmed by the fact that one of the younger children became affected with disease of the bones of the palate. The patient was ordered large doses of iodide of potash, and the use of the mercurial vapour bath, under which treatment the condition of the ulcerated portions of the face and scalp rapidly improved. The exposed bone was touched daily with a lotion of equal parts of strong sulphuric acid and water. This greatly accelerated the separation of the whole of the diseased bone; and she perfectly recovered without any portion of necrosed bone being allowed to exfoliate by its own natural process. The whole was entirely removed by the action of the acid; it crumbled away from day to day in minute fragments until all had disappeared. As the fragments became separated, so soon did healthy granulations fill up from beneath the space previously occupied by the bone. Although much disfigured by the extensive ulceration of the face, &c., the patient has remained perfectly well to the present date.

E. F——, aged fifteen, admitted November, 1867, with a foul, unhealthy ulcer, about the size of the palm of her hand, on the front and middle part of the right tibia. The bone was black and rough to the extent of a crown piece. The disease originated in a strumous node three months prior to admission, and had been a wound one month. She was ordered good diet, cod-liver oil, and quinine. On the 9th of December the bone was first touched with a lotion of equal parts of sulphuric acid and water, and this was daily repeated. On the 11th of February all dead bone was found to have been removed without any other operative interference, and the patient left the hospital on March 18th, with the ulcer nearly healed, and no dead bone to be felt in it.

H. G——, aged twenty-seven, admitted January, 1867, while phagedæna was very prevalent both in and out of the hospital. On admission, there was a large, oval, ash-coloured ulcer on the front of the right leg, rather larger than a five-shilling piece. It was attacked several times by phagedæna, so that a large portion of bone was left exposed when the ulcer assumed a healthy character. To this exposed bone strong sulphuric acid was applied on the 1st of March, and by the 11th a large shell of bone had separated, leaving a healthy granulating sore beneath.

H. H——, aged fifty, was admitted August, 1869, with phagedænic ulcer, of syphilitic origin, on front of the leg. When the phagedæna had ceased, and the wound had become healthy, the tibia was left rough and exposed for more than the size of a crown piece. On August 9th the bone was touched with strong sulphuric acid, and on September 11th the greater portion had separated in a large thin flake, riddled with holes. He was discharged on October 1st, with the ulcer rapidly healing, the surface of bone covered with florid healthy granulations, and no exposed bone to be detected.

W. P——, aged thirty-six, was admitted September, 1869, with a sinus over the front of tibia, leading down to the substance of the bone, where a portion could be felt dead, but not loose. This was the result of a severe compound fracture of the leg some eighteen months previously. On Sept. 16th the cavity in the tibia was laid open, and some portions of dead bone removed. The cavity, which was now fully exposed, was found to be lined by rough and carious bone. The cavity was ordered to be daily washed out with a lotion of sulphuric acid and water. The walls soon assumed a soft, healthy condition, becoming covered with granulations, and he left the hospital on November 3rd, the cavity nearly filled up, and no exposed bone to be felt.

It is not necessary to multiply instances; were it requisite, many other cases might be related. But the above are, I believe, sufficiently numerous and marked to illustrate the principles and results of the treatment advocated.

I am not aware that the application of sulphuric acid in the treatment of carious bone has been previously adopted in preference to the use of the gouge, actual cautery, or caustic potash. I find no especial reference made to its effects, nor any allusion to its extreme applicability and efficacy in the treatment of caries, in any of the modern treatises on bone.

In referring to the treatment of carious bone, Mr. Holmes says: "Often after free exposure of carious bone, the disease will gradually subside; but when this is not the case, the question occurs whether it will be proper to attempt to remove the carious surface and expose a more healthy

one, either by rasping or gouging the bone, or by the application of the actual cautery, or to modify the diseased action by injections, or by applications to the carious part. The injections which are in use are composed either of iodine or dilute muriatic acid. The latter is intended to unite with the base of the phosphatic salts of the bone, and thus to remove its surface by disintegrating successive portions of it. It has been tried and strongly recommended by M. Chassaignac ('Mém. de la Société de Chirurgie,' vol. iv., p. 286), and no objection appears to exist to its employment in suitable cases; but I cannot say I have found much benefit from its use."*

In speaking again of rasping, gouging, and actual cautery, he observes: "These operations should, however, only be performed in cases of evident necessity. We have only too frequent instances of danger of all operations on bones, especially of such as involve the exposure of large surfaces of the cancellous tissue, as is generally the case in these gouging or rasping proceedings, which are extremely apt to be followed by diffuse inflammation of the interior of the bones, osteo-myelitis, and by pyæmia."

In the number of cases which have now come under my notice, both in St. George's Hospital and in private practice, in no one instance have evil consequences been known to follow the application of sulphuric acid to diseased bone of any part of the body; nor has the treatment been found a painful one, when the acid has been used in a diluted form. If pain should follow the application, it usually lasts but a short period; for the acid in contact with the bone soon becomes neutralised, and ceases to occasion uneasiness. When diluted, the acid does not usually affect the soft tissues, even to the extent of uneasiness; nor does it produce the slightest subsequent irritation in them. The acid may be used pure, as in some of the instances quoted. Its application had better then be confined to caries or necrosis of the bones of the trunk when exposed or easily got at; and when it is desirable to destroy dying bone rapidly, or quickly to get rid of dead bone. The results of its application under such circumstances are very satisfactory. But for most other purposes, a mixture of acid with water, in equal parts, will be found sufficiently active and efficacious; and, for the removal of dead bone from the skull, I prefer it should not be used stronger, otherwise it might irritate the dura mater, should the lotion come in contact with it while being applied to the bone; for, in many of such cases, portions of the skull may already have exfoliated or been removed.

If employed for the destruction of carious surfaces in cavities of bones, or deep-seated carious patches on the surface of flat bones—e.g., the pelvis,—it will be found very convenient to apply the diluted acid with lint, and either to stuff the cavity with the wetted lint or lay the lint on the diseased patch; or the lotion may be used daily with a syringe. The former is, however, the preferable method of applying the acid, as its contact with the diseased surface of bone is most effectually ensured, and for a longer period than if the cavity be merely syringed out with the lotion.

On the second or third day, when the lint should be taken out, the cavity in the bone will be seen lined with an opaque white layer of tissue. In a day or two more this may be removed with a pair of forceps; it will peel off the surface of the deeper bone in the form of a more or less thick layer of tissue; it is, in fact, a soft slough from the surface of the bone, from which the phosphate and carbonate of lime have been largely if not entirely dissolved out. If on its removal there be still detected any rough surface of bone, the application of the acid should be repeated, and so often as any portion of exposed rough or carious bone is to be detected. Usually, as soon as one or two layers of slough have separated, healthy granulations commence to spring up from the surface of the bone beneath, and rapidly cover the living bone with a red velvety vascular tissue, which, growing daily, soon fills up the cavity, and closes the wound in the bone.

When the acid is applied daily with a glass brush, or rod, to a necrosed portion of exposed bone, the latter will be seen to disintegrate and crumble away in very small, dry fragments, or may be picked off in minute pieces like friable mortar; or a thin layer may be scraped off in a moist condition, if the attempt is made soon after the application of the acid, and while the surface of the bone is still wet.

* System of Surgery, vol. iii., p. 637.

While the process of disintegration is taking place, and the bone is becoming more porous and perforated with numerous holes, healthy and abundant granulations are forming beneath, and may often be seen sprouting up in these apertures; so that as soon as any portions of bone are removed, or become detached, so soon is the part thus exposed seen covered by this healthy formation of granulations, ready to remedy and close the defect in the bone, and to assist in healing the external wound.

In cases of exposed bone of the skull I have always preferred the daily application of the dilute acid, rather than run any risk of too great and rapid an action by the use of the pure acid. Nor have I hesitated to use the lotion to the bone even when the pulsation of the brain through the exposed dura mater could be distinctly observed close to the edge of the necrosed portion. I have never in any single instance seen the slightest ill effects from the application of sulphuric acid to diseased bone. The more frequently I have used it the more satisfied I have been that it is one of the most valuable agents the surgeon has at his command to assist in the removal of dead bone and to set up healthy action in carious cavities or ulcerated surfaces of the long bones: valuable not only as perfectly safe when compared with the results of instrumental interference, but also expeditious when compared with the unaided efforts of nature. "The formation of the groove between the dead and the living bone is a very slow process in the bones of the limbs, requiring generally many months for its completion."* But by the application of the acid this period in many cases may be reduced to a few weeks, if care and attention be given to the treatment.

Dr. Fitzgerald of Dublin has advocated and successfully employed caustic potash in the treatment of carious bone; and there can be no doubt of its advantages over the slow process of time, for it rapidly destroys the diseased portion, ensures its more early separation, and a healthy granulating surface subsequently. But when tested by the side of sulphuric acid it appears to lack one essential possessed by the latter—viz., the acid does not affect or injure the soft tissues when used in the diluted form, although at the same time it acts chemically on the *diseased bone alone*; it does not affect the living bone, and its application is seldom followed by any great degree of pain.

That, in the diluted form, it will only act on dead or diseased bone, and not on healthy bone, is a point of very considerable practical importance; and is the great advantage sulphuric acid possesses as an application, under the circumstances quoted, over the use of the gouge, or of the actual cautery, or of caustic potash. The following experiments, conducted at my request by Mr. Henry M. Noad, lately my clinical clerk, satisfactorily prove the correctness of this statement.

Portions of dead, diseased, and healthy bone were selected and subjected to the action of sulphuric acid—viz.:

1. Dead bone: 10 grains.
2. Diseased bone: 10 grains.
3. Healthy bone; middle age: 10 grains.
4. Healthy bone; old age: 10 grains.

Exposed to the action of a mixture of sulphuric acid and water, one part in four, for three days, at a temperature of 100°, the following were the results:—

1. Dead bone: Phosphate of lime, 2 gr.; carbonate of lime, 3·30 gr.; dissolved in the mixture.
2. Diseased bone: Phosphate of lime, 2 gr.; carbonate of lime, 1·3 gr.; dissolved in the mixture.

3 and 4. In both specimens of healthy bone, *no action took place.*

The process of disintegration or dissolution, with the commencement of healthy granulation from the surface of the living bone, may be observed simultaneously progressing, in any exposed surface of dead or dying bone to which the acid may have been applied. When its action and effects are compared with those of the gouge, the bruising which is necessarily produced by the use of the latter, the pain and frequent subsequent inflammation, and, even under the most favourable circumstances, the time required for the rough lacerated surface to recover itself, throw off its small bruised fragments, and become covered with granulations, the treatment by sulphuric acid will be found far preferable.

"Hitherto," says Mr. Holmes, "we have been consider-

* Holmes's System of Surgery, vol. iii., p. 643.

ing the usual method of separation; and, as this is a long and tedious process, seldom completed under many months in the case of a large sequestrum, and often dating by years, it is not surprising that efforts should have been constantly made to anticipate the period of cure by accelerating the separation of the diseased bone. These, however, have resulted in disappointment. The process must be left to find its natural completion in the spontaneous separation of the dead bone from the living; and any attempt to effect this by art—i. e., to detach the necrosed portion and to cut it away from the living parts—only extends the area of the disease and endangers the preservation of the limb. Special considerations applicable to some regions of the body, such as the skull, may indeed induce a surgeon to operate on necrosed bone before it is loose, for the relief of matter pent up below it. Such operations, however, are not undertaken with a view of curing the diseased bone, but of restoring the functions of organs secondarily affected." *

It must not, however, be considered, from what has already been said about the application of sulphuric acid, that it is intended to convey an idea that instrumental interference in the treatment of necrosis or caries will be no longer necessary. This is far from my object. Numerous will be the instances in which the surgeon must mechanically interfere for the removal of necrosed bone or for the exposure of carious cavities. The real merits of the treatment lie in the limitation of the action of the acid to the diseased bone, in the perfect safety of the application, and in the fact that it produces no irritation in the soft parts. The limitation of the action of the acid may be considered proved by the experiments recorded; its safety is especially exemplified when applied to diseased bone of the skull, and where it is most desirable not to interfere with instruments; and its beneficial effects will be observed when applied to carious surfaces or necrosis in the long or short bones. It will also be found especially useful in the treatment of necrosis of the jaw, not only from the fact that it hastens the removal of the dead bone, but, from its antiseptic qualities, it greatly modifies the abominable fetor which infects the breath of patients afflicted with this malady.

The application of the acid in diseases of the bones of the skull renders unnecessary all force or violence in a very critical condition of parts, and in which very slight local disturbance may be followed by severe consequences. The application of the acid in caries or necrosis of the long or short bones will often save the employment of the gouge, and consequently all bruising of the living surface of the bone. The surgeon with the gouge will cut away dead and living bone; he cannot to a nicety determine the depth of the carious layer. The acid disintegrates only the dead or dying surface, and appears to stimulate the healthy bone to a condition which enables it to assist rapidly in its own reparation. The application of the acid may therefore be frequently requisite without any operative interference; it will also be constantly advantageous after the use of instruments in the treatment of diseased bone.

The antiseptic qualities of the acid are no small recommendation to its use. The foul and offensive discharges so constantly accompanying diseased bone become at once altered in character by it, and in a short time all disagreeable smell usually ceases.

My colleague, Mr. Pick, bears testimony to the advantages of the use of sulphuric acid as here recommended, in the following remarks, which I have much satisfaction in quoting:—"While holding the office of surgical registrar at St. George's Hospital, I had many opportunities of witnessing the treatment of necrosed and carious bone by means of sulphuric acid, and I was much struck by the very favourable results which were obtained. The first case in which my attention was specially drawn to the value of this remedy was that of a young girl who suffered from extensive necrosis of the skull, almost the entire calvaria being implicated, and in whom this treatment was adopted with the most beneficial results. And in commenting on this case, as well as several others of necrosis, in the annual *résumé* of the surgical cases in the St. George's Hospital Reports for 1865, I stated that 'a solution of equal parts of sulphuric acid and water was applied to the exposed bone, with the effect of very rapidly dissolving it, and producing a healthy surface which soon cicatrised.' Since that time I have had frequent opportunities of employing this remedy, especially in the strumous diseases of bones in children, and have been more than satisfied with the result. When applied to diseased bone, a rapid solution takes place, the bone becomes dissolved and melts away, and is thrown off in the discharge, leaving a perfectly healthy granulating surface, which quickly cicatrises. As a rule, I apply the pure acid; and if care be taken in its application, so that nothing but the diseased structure be allowed to come in contact with the acid, the proceeding is perfectly painless. In a little girl who is at present under my care in St. George's Hospital, I have employed this treatment. She had been a patient for some time, and had undergone numerous gouging operations for extensive disease of the tibia, but with very little definite results. In August last I exposed almost the whole of the front surface of the tibia, by clearing off the soft parts; and having scraped the bone of all the diseased structures in front of it, commenced a steady course of the 'sulphuric acid' treatment, applying the pure acid to the exposed bone freely twice a week. At the present time there remain only two small points of exposed bone; the greater part of the wound is cicatrised, the remainder being covered with healthy granulations."

I may perhaps be accused of being too confident in my views as to the beneficial effects of this treatment; but I am almost inclined to think that the early application of sulphuric acid rather tends to check the spread of caries or necrosis, as well as hastens the removal of the dead or dying structure. Further experience and experiment may throw more light on this point; but I trust I have produced sufficient facts and arguments to justify the opinion I have formed, that the more extensive use of sulphuric acid as a local application in the treatment of caries and necrosis is deserving the attention of the profession.

Grosvenor-street, W., April 30th, 1870.

* System of Surgery, vol. iii., p. 649.

ON A CASE OF

STRANGULATION OF THE INTESTINE, AND HÆMORRHAGE INTO THE ABDOMINAL CAVITY.

BY A. CUMMINGS AIR, M.R.C.S.

AT 4 o'clock on the afternoon of Sept. 19th, 1868, I was sent for to Robert S——, aged forty-five, a working bookbinder. He stated that at 11 o'clock this morning, whilst out walking, he was seized quite suddenly with an acute pain in the epigastrium. About four hours previously he had taken a cup of cold tea, but with that exception had taken no food that day. The pain continually increased in severity, and when I saw him he appeared to be suffering intense pain in the epigastrium. This was increased on pressure, the tenderness being more marked towards the right side. The pain is constant, but is frequently aggravated by paroxysms of agonising pain. There is no pain or tenderness in any other part of the abdomen. Tongue clean and moist; pulse normal, 78; perspiring very profusely. Bowels acted freely this morning. There is no vomiting. Has had an inguinal hernia on the right side for some years. This has been always easily reducible, and is not down now. Gave an anodyne mixture, and ordered a turpentine stupe to the abdomen. The first dose of medicine was immediately vomited; the second administered soon after was retained. At 6 o'clock I gave a draught containing twenty-five minims of tincture of opium, with some mucilage. At 10 o'clock the pain was far more severe, with general tenderness over the abdomen, the muscles rigid, and there was slight dulness on percussion over the right inguinal region. Tongue dry, and coated with white fur. Pulse remains as before. I now asked a medical friend to see him with me. We gave a saline mixture, with tincture of opium and spirit of chloroform, and one grain of opium in pill every four hours.

Sept. 20th.—This morning found him somewhat worse; the paroxysms of pain less frequent, but the fixed pain far more severe; tenderness greater; muscles very rigid; no vomiting; pulse 120, small; tongue dry and coated. Complained of some pain and difficulty in passing water; urine scanty and high-coloured, with offensive smell. At 9.30 P.M.,

in the same state. Complained of dull pain in the right inguinal region; dulness on percussion there.

21st.—Sent for hurriedly. Found him sinking; feeling very faint. Pulse small, very feeble, 120. The pain in the epigastrium continues. Urine retained; drawn off by catheter. Gave him half a drachm of aromatic spirits of ammonia and twenty minims of spirit of chloroform, to be repeated every hour.—At 9 P.M., found him very much exhausted, but in scarcely any pain. A dose of castor oil, and half a glass of beer, had been given him by his wife. This induced an effort to vomit, and go to stool. In about three quarters of an hour he died. Very slight tympanites.

Post-mortem examination.—Body rather emaciated. No hernia in scrotum or canal; testicle on right side withered. Abdomen much distended with gas. There were several pints of dark-coloured (blood-like) serum in the abdominal cavity; and in the pelvis several well-formed clots. In the right inguinal region was a piece of gangrenous intestine, about 4 in. long, belonging to the ascending colon. This had passed through a rent in the meso-colon, by which it was very tightly constricted. The inguinal canal was unusually patent. The rest of the intestines were healthy; as were the stomach, liver, spleen, and kidneys. The source of the hæmorrhage was not discoverable.

Lorrimore-square, S.E., Feb., 1870.

ON

PUERPERAL FEVER IN HOSPITAL AND IN PRIVATE PRACTICE.

BY J. MATTHEWS DUNCAN, M.D.

To attempt to settle any disputed point, such as the salubrity of hospitals, by using the mortality from metria or puerperal fever as the criterion, is a most unsatisfactory kind of proceeding, and certain to lead to no exact or convincing results. This arises simply from the disease being one regarding which very little is exactly known or even agreed upon, and the consequent uncertainty of the diagnosis or opinion of any physician regarding it, and the consequent still greater uncertainty that any two or more physicians alluding to it are giving figures or stating opinions regarding the same things. Dr. Evory Kennedy defines metria as including "puerperal fever, metritis, peritonitis, pleuritis, phlebitis, arthritis, pyæmia, purpuric or cerebro-spinal metria, traumatic metria, erysipelas, and hospital gangrene."* Although this appears to me to be the opposite of defining or settling, I shall not here enter upon any detailed objection to it, because it would involve a discussion not essential to my present purpose.

I have elsewhere† stated my reasons for adopting the total, and not merely the metria or puerperal-fever mortality, as the best criterion for judging of the salubrity of hospitals, yet as one which affords results that require to be corrected according to the varying conditions of the patients other than such as affect the salubrity of residence. But though this is the case, some good may come of discussing the metria mortality, taking up the subject as vulgarly treated in all modern writings, even though the ground is shaky and unworthy of confidence.

Puerperal fever, or metria, is, to me, a hotbed of insufficient and false hypotheses. I do not believe there is any such single disease. The term includes a variety of diseases, and a variety of modifications or terminations of diseases. It is familiarly described as a zymotic disease. It is described universally as occurring in epidemics; not merely as an endemic. I feel certain, and believe I can prove, that an epidemic of puerperal fever never occurred,—that no accepted definition of an epidemic can be made to include metria. When authors speak of epidemics of metria, of puerperal fever sweeping over a country, as they do speak, they are merely giving the reins to a misleading hypothesis which suits their present purposes or fancies. This disease is described as being contagious, or infectious, or both; but the authors who do this forget, with an almost ridiculous carelessness, to define what the disease is of which they are speaking so confidently, to show whether there is any such fever or not, and still more to define contagion and infection. I cannot refrain from referring to a common occurrence in medical and in general circles, as illustrating the present unsatisfactory state of the theory of this great disease, so-called. When, in any town or country-side, even a single woman of position dies of puerperal fever, one immediately hears of childbed fever raging—of an epidemic. If two or three cases occur simultaneously in the same exalted class, the outcry is dreadful about the pestilence. The doctors and the public are all talking. But though many die in the hovels of the poor or the cottages of a better sort, there is little talk among the doctors and less among the people. Both doctors and people seem ignorant of the fact that there is a regular and practically constant mortality from puerperal fever all around them.

In order to make arguments from the prevalence of metria tell against hospitals, it has been called preventable. The whole of Dr. Kennedy's essay on Hospitalism is based on this allegation. It may be true, but there is not a particle of evidence of its truth. The disease may have its ravages diminished, but it has yet to be shown that it can be altogether prevented. The term "preventable," so attached to metria, is a sufficient proof of the thoroughly unpractical or sensational character of the speculations of any writer who uses it as implying that we have means of preventing its appearance. It is, in truth, as little preventable as any disease in the nosology or any crime in the decalogue. It is, possibly, preventable; but it has certainly never been prevented. It is preventable, and physicians are at hand; but it is common everywhere! It is preventable; but it occurs in spite of the combination of every circumstance that is known or supposed to prevent it!

Metria and pyæmia (certainly not very far from being identical) are the chief causes or indices of variations of mortality in hospital and in private practice. They are more frequent the worse the general health, the more depraved the constitutions of the patients. They are more frequent the worse or the more serious the kind of cases treated. They are also more frequent the worse the arrangements affecting the salubrity of the patient's bed and house. Positive statements like these respecting puerperal fever and pyæmia are not of a nature to be disputed by anyone, and I believe they may be as nearly proved as the nature of the case admits of.

It has, during recent discussions regarding hospitals, been repeatedly asserted that puerperal fever is a constantly existing or constantly reappearing disease in them, or at least in the larger examples of them; and that it is only an occasionally and rarely occurring disease in private practice. These statements are so important as to appear to me to demand very careful consideration and investigation. If they are true, they at least suggest a very powerful argument against even the best hospitals as at present constructed and managed. This is one source of the importance of the statements; but there are several others.

Speaking of this disease Dr. Kennedy says—"Its local cause approaches more nearly to a *constant* quantity in the wards of a crowded lying-in hospital; whereas it is only an *occasional* quantity in the houses of the affluent."* Again he says—"That in lying-in hospitals, where large numbers of patients are delivered under the same roof, the disease finds its habitat, appearing and reappearing at uncertain intervals."† Again he adds—"It is therefore not a disease found to prevail in small lying-in hospitals or cottages where only one or two patients cohabit in their lying-in."‡

The first question to which I would direct special attention regards the alleged only occasional occurrence of this so-called puerperal fever outside of large hospitals. It is well known to be a common disease in large hospitals, and to have regularly ascribed to it a certain proportion of the hospital yearly mortality. Dr. Kennedy and others assert that this kind of statement is true only of large hospitals. Is it so?

With a view to getting the solution of this question I might look to my own private practice, but there I find the numbers too small for comparison with large hospital yearly statistics. If with my private practice I include my consultation practice, then I find a regularly reappearing yearly quantum of puerperal fever, just as in hospitals. But I

* Hospitalism, p. 24. † Edin. Med. Jour., Nov. 1869.

* Hospitalism, &c., p. 10. † Ibid., p. 25. ‡ Ibid., p. 26.

prefer, with a view to the greatest attainable accuracy, to take the public documents of the Registrar-General of Scotland. From these I have framed the following table, showing the reported mortality from metria in the towns of this part of the United Kingdom.

Year.	No. of Births.	No. of Deaths from Metria.	Proportion of Deaths from Metria to Births.
1860	42158	116	1 in 363
1861	44319	94	1 in 471
1862	44054	59	1 in 746
1863	45783	78	1 in 587
1864	47321	114	1 in 415

This table affords a sufficient answer to the question raised. It shows that, out of hospitals, there is a regularly and constantly recurring quantum of mortality from puerperal fever or metria. Nothing more is required to show that, in this respect, hospital and private practice are alike, and that the assertions of Dr. Kennedy are erroneous. The table might have easily been extended, and with the same result, to the mainland-rural and to the insular districts of Scotland. No doubt, the result is a truth comprehending the whole world.

I shall now proceed a step further, and try to show whether or not hospitals and private practice are alike in the fraction of their gross mortality, or mortality from all causes, after parturition attributable to metria alone. The deaths in connexion with parturition have been by many divided into three classes:—First, deaths from childbirth; second, deaths from puerperal fever or metria—that is, from causes connected with parturition other than are included under the head of childbirth deaths; third, deaths during or after parturition from causes quite unconnected with childbirth. The question now raised concerns the second of these categories. It is,—Are hospitals, in contrast with private practice, remarkable for the high proportional share of metria in producing the gross mortality after parturition?

This is a very important question; for the answer given to it in different cases will form a very good criterion of the value of hospital or of private practice. Were puerperal fever well defined, it might form the best criterion; for an hospital cannot, of course, be blamed for its childbirth deaths, or mortality in the first category—that is, they are not the result of hospital arrangements, whether salubrious or not. As Messrs. Bristowe and Holmes say of deaths generally, and with truth so far as a fairly-arranged hospital is concerned, it may be said with certainty of childbirth deaths that the more of them the more is the efficiency and utility of the hospital demonstrated. But it is otherwise with metria alone regarded as a cause of death. It will increase with the gravity of the childbirth cases; but at the same time its amount will, no doubt, rise and fall with the salubrity of the same or of different hospitals.

To show the proportion of metria deaths in hospital and in private practice comparatively to the total deaths, I have constructed the following table:—

Nature of data.*	Total mortality.	Metria mortality.	Proportion of metria to total mortality.
Towns of Scotland, 1860 to 1864 inclusive	1254	461	1 in 2·7†
Private practice (M'Clintock)	131	52	1 in 2·5
Private practice (Beatty)	30	17	1 in 1·8
Coombe Hospital, Dublin	89	55	1 in 1·6
Rotunda, Dublin (Collins)	164	56	1 in 3
Ditto (M'Clintock and Hardy)	65	31	1 in 2
Ditto (Johnston and Sinclair)	67	41	1 in 1·6
Ditto (E. Kennedy)	224	171	1 in 1·3
Hospital practice (Beatty)	17	11	1 in 1·5
Hospital practice (Churchill)	4	2	1 in 2
Montreal Hospital	17	5	1 in 3·4
Waterford Hospital	15	5	1 in 3

* With the exception of those in the first line, all the data in this table are to be found in the report of the discussion in the Obstetrical Society of Dublin. See Dublin Quarterly Medical Journal, August, 1869.

† Corrected to 1 in 3·6.

In the foregoing table the first line requires correction to make it justly comparable with the other data. This correction consists in adding to the total mortality there given (which is, in that line only, the mortality *of* childbed) the mortality from causes unconnected with childbirth (so as to make it then the mortality *in*, not *of*, childbed, as it is in the subsequent lines). This correction consists in adding to the mortality a third of the sums stated, the omitted deaths *in* (not *of*) childbed being, according to Dr. M'Clintock, a fourth of the total deaths *in* childbed, or a third of the deaths *of* childbed.

Now the table shows no very great amount of difference in the examples cited as to the proportion of the total deaths caused by metria in hospital and in private practice respectively.

In private practice, metria destroys 1 in 3·6, 1 in 2·5, 1 in 1·8 of those that die in childbed.

In hospital practice, metria destroys from 1 in 3·4 to 1 in 1·3 of those that die in childbed.

It is thus apparent, so far as the examples cited go, that metria or puerperal fever causes nearly as much havoc in private practice as in hospitals—at least in those that are pretty well arranged and managed.

There can be no doubt that in bad lying-in hospitals the proportion of the mortality due to metria will be far higher than any of the figures I have cited indicate. Bad arrangements will increase the proportionate quantity of metria mortality, whether in hospital or in private practice. The hospitals I have adduced will be universally admitted to be fair examples of their class, and will not be credited with the possession of a degree of perfection that may not be successfully imitated.

I have thus shown that puerperal mortality is a constant quantity in every kind of obstetric practice, and that it is only to a small degree more prevalent in certain hospitals than in private practice. This greater prevalence may be easily accounted for by reference to the comparatively great degradation in every way, to the number of the seduced, and to other conditions, among those delivered in hospitals. There is no need to look for any cause of the greater mortality other than is active in rural or cottage practice.

In my paper, already referred to, on the Mortality of Childbed, I have shown that there is not demonstrated so great a difference between the mortalities of childbed in fairly managed hospitals and in private practice as has been often, indeed generally, alleged; and I have expressed my opinion that the difference is easily accounted for, without attaching to hospitals and to their benevolent supporters those fearful charges of wholesale murder which recent writings imply. To this one might retort that I have here proved that metria—which, I admit, is fostered by bad arrangements—is a cause of more deaths in hospital than in private practice. While I admit that this is an apparent result of my demonstration, I must, in conclusion, show that it is not a real or justly reached result.

The difference between hospital and private practice in respect of the proportion of deaths attributable to metria is shown to be not great. The difference in favour of private practice is observed only in the towns of Scotland collectively. To show now the untenable character of the apparent result referred to, I shall merely point out that the towns of Scotland include a vast mass of happy, healthy, and comfortable women; while the hospital population consists of a vast mass of degraded, wretched, and often unhealthy women. To make a just comparison between hospitals and the towns of Scotland, we should get, to place in contrast with hospitals, the data regarding that class of the poor who are like those that enter hospitals. Looking at the figures in the table, and also considering the results of the private practice of the justly eminent individuals there cited, one can scarcely doubt that, were they properly tried, hospitals would be at least not far from equal to private practice so far as regards smallness of death-rate.

I can find no ground for the awful suspicion that well-managed hospitals have caused a large, unnecessary, or avoidable mortality, or developed diseases previously unheard of.

Edinburgh, April 25th, 1870.

M. STANISLAUS MARTIN has lately suggested the use of collodion for keeping eggs fresh.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

PLASTIC OPERATIONS.

(Under the care of Mr. HOLMES.)

ON Thursday, April 28th, plastic operations were performed by Mr. Holmes for the treatment of cleft palate, ruptured perineum, recto-urethral fistula, and congenital deficiency of the anterior wall of the bladder.

The third case was one on which Mr. Holmes had operated on several occasions for the relief of a large communication between the urethra and rectum produced during an operation performed in the country for the removal of stone from the bladder. The urethra at the same time had been completely divided. The patient was a child, who had been much exhausted by the diarrhœa resulting from the passage of urine into the lower part of the bowel. Although Mr. Holmes had not succeeded in completely closing the orifice, considerable improvement had been effected with regard both to its size and position. The opening into the rectum was not only contracted, but had also been brought nearer to the anus and more within reach of the finger. Mr. Holmes, after a careful examination of the bowel, stated that it was his intention, before undertaking another plastic operation, to send the patient into the country for a short time, as his health had been much impaired by the constant looseness of the bowels.

The last case was one on which Mr. Holmes had previously performed his well-known plastic operation for the relief of the condition styled extroversion of the bladder, an artificial anterior wall having been formed by bringing over the exposed vesical mucous surface two flaps, one from the groin, the other from the scrotum on the opposite side, and applying the raw bleeding surfaces of these together. The operation on this occasion consisted in closing the orifice left at the upper part of the bladder. Mr. Holmes stated that this proceeding had been most beneficial in affording a good covering for the prominent mucous membrane of the extroverted bladder, and in protecting this sensitive surface from the friction of clothes and other causes of irritation; but that it did not enable the patient to retain his urine, which passed away directly from the ureters. He intended on some future occasion to form, by taking skin from the scrotum, an elongated neck to the bladder, the walls of which might be compressed by an artificial ring, and the constant flow of urine thus prevented. In case of a successful result, it would be necessary to impress upon the patient the importance of frequently washing out the newly formed bladder, in order to remove phosphatic concretions.

Mr. Holmes alluded to a fifth case, which he intended on a future occasion to submit to a plastic operation. This was one of congenital recto-vaginal communication, the bowel terminating at the posterior wall of the vaginal canal. Mr. Holmes stated that he dissented from the view that it was better to leave cases of this kind alone. Where the opening was surrounded by a distinct sphincter, so that the fæces could be retained, no operation would certainly improve, to any extent, the state of the patient; but when the opening was large, and without any muscular ring, or very small and constituting more or less of an obstruction to the passage of the fæces, an operation was required for the relief, in the first instance, of an offensive condition, and as a means, in the second, of saving life.

ST. BARTHOLOMEW'S HOSPITAL.

PARTIAL REMOVAL OF THE BREAST FOR SCIRRHUS.

(Clinical Remarks by Mr. HOLDEN.)

ON Saturday, April 30th, Mr. Holden removed a small scirrhous tumour from the left breast of a middle-aged woman, whose case was one of some importance from its bearing upon the questions of the mode of propagation and of the local treatment of cancer. In some subsequent remarks, it was stated by Mr. Holden that this patient had just made her third appearance in the theatre for the purpose of having cancerous disease removed from the breast. The first operation had been performed three years previously for the excision of a scirrhous tumour of the size of a walnut, which was deeply embedded in the tissue of the left mammary gland. The removed structures consisted merely of the diseased portion of the breast, and a very large part of the gland was allowed to remain. Fifteen months ago the woman presented herself with a recurrence of the disease in the same breast; the growth was small, and, like the former, was imbedded in the gland, but far away from the seat of the first operation, the cicatrix not being involved. After a second operation the patient had a short interval of health and ease, and then the disease again returned, not in the neighbourhood of the scars formed by previous operations, and not even embedded in or involving in any way the remaining portions of the mammary gland, but situated to the outer side of the breast, and surrounded on all sides by the connective tissue of this region. It had for many years been his practice, Mr. Holden said, to perform partial operations of this kind in cases of cancer, removing the structures that were involved in the disease, and leaving those that were quite healthy. The results of such treatment had been well exemplified in the present instance: a large portion of the breast had been preserved to the woman, which in the second recurrence of the cancerous disease remained unaffected. In cases where the tumours were small and very recent such practice as this would prolong life and increase the comfort of the patient. The plan of removing only the diseased portions of an organ affected with cancer was at the present day coming into frequent use; it was by no means a novel one, but a return to a form of practice which had, long ago, preceded the widely adopted plan of making the incisions far beyond the limits of the disease and removing the whole breast, even though a small portion only of the gland was involved. The tumour removed by the last operation in Mr. Holden's case was vascular, and of a darker tint than is usually presented by scirrhous growths; it was, however, of stony hardness and of irregular shape, sending out several root-like prolongations. In the removal of small scirrhous tumours, it is a good plan, according to Mr. Holden, to substitute the fingers of the left hand for the forceps; the extensions of the hard growth into the surrounding connective tissue can thus be readily made out, and the whole of the disease removed.

UNIVERSITY COLLEGE HOSPITAL.

FRACTURE OF THE LEG FROM SLIGHT VIOLENCE; NON-UNION; DISEASE OF THE FRACTURED TIBIA.

(Under the care of Mr. MARSHALL.)

ON Saturday, May 7th, Mr. Marshall had under his care an interesting case of fracture of the leg, the particulars of which are as follows. The patient, a healthy-looking man, thirty-four years of age, was admitted, about seven weeks before, with a simple fracture of both bones of the left leg near the middle of the limb. This injury had been suddenly produced during an attempt of the patient to spring on to a cart. The man stated that there had been no fall, and that no blow had been received on the limb. The fracture, from the history of the case, was evidently due to muscular contraction. For two months previous to the occurrence of this accident the patient had suffered from severe pain over the left tibia, and also noticed a slight hard swelling at this part. He had also lost flesh.

On admission, there was a marked distension of the tibia, both above and below the line of fracture. The prominence

thus produced was of osseous hardness, regular and smooth on the surface. At the end of the seventh week from the date of admission there was no union of the fracture, and the swelling had increased in extent.

Mr. Marshall stated that the fracture of the tibia in this case had been indirectly caused by the presence of some morbid growth springing from the centre of the bone, and producing absorption and thinning of its walls. The fibula had probably been fractured in consequence of the want of perfect support for the weight of the body.

The nature of the disease was doubtful. It might be a myeloid or fibro-plastic growth, or encephaloma or some other form of cancer. Against its cancerous nature, however, was the fact that the disease had not spread very rapidly, nor after the occurrence of the fracture had sprouted out to any great extent from the centre of the bone.

In case of complete failure of union after prolonged rest and support of the injured limb, it would be advisable, in Mr. Marshall's opinion, to have recourse to amputation; and as the bone was diseased, removal of the whole of the tibia by amputation, either in the lower part of the thigh or at the knee-joint, would be indicated.

GANGRENE AND TOTAL LOSS OF BOTH FEET FROM FROST-BITE; DOUBLE AMPUTATION.

(Under the care of Mr. MARSHALL.)

The subject of this interesting and singular case was a woman, aged forty, who for some time before her affection had worked hard as a laundress. In the month of March of the present year she wandered in a state of delirium from her home near the Edgware-road, and during a cold night slept under a hedge. According to the statement of the patient herself, this delirium was associated with some form of fever; but from the report of her medical attendants it seems to have been due to alcoholism. The woman was sent to the Fever Hospital, and from that institution transferred to a workhouse infirmary, where she was treated for gangrene affecting both lower extremities, and terminating in total death and detachment of the feet. When admitted into University College Hospital, the patient had recovered from the general effects of her delirious affection, but presented a condition of the lower limbs that required surgical interference. Each leg terminated in a thin conical stump, formed below by the two malleoli and the articular surfaces of the tibia and fibula; and higher up, above the denuded bone, by a broad ring of granulations which passed gradually near the junction of the lower and middle thirds of each leg into tense but healthy skin.

On Saturday, May 7th, the woman was taken into the operating theatre, and both stumps amputated by Mr. Marshall. A circular incision was first made through the integument immediately above the granulating surface in each limb, and then a straight vertical incision carried upwards from the centre of the former incision in the posterior part of the limb. After this hood-shaped flap of skin had been dissected back, lateral muscular flaps were formed, and the bones sawn through. After all the bleeding points had been closed by torsion, the flaps were applied, and kept in close adaptation by leathern splints, which, together with the whole thickness of each stump, were transfixed by deep sutures of thick wire. The cut edges of the skin were brought together by wire suture, and the extremity of the stump covered by cotton-wool.

Mr. Marshall, in some subsequent remarks, stated that the condition of the parts caused by frost-bite, in this case, illustrated very well the fact that, in gangrene of a limb, the parts which suffered the most and were destroyed to the greatest extent were those placed most superficially. The lower extremities of the leg-bones were bare, and projected far beyond the muscular and tendinous structures, which again for a considerable extent were covered, not by skin, but by granulations. The integuments had been destroyed to a greater extent than the muscles, and the muscles more than the bones. Special attention was then directed to the somewhat peculiar mode of amputation in this case. The leg was usually removed according to one of three recognised methods: there was the operation with antero-posterior flaps, the posterior flap varying very much in size in different modes of practice; next the lateral flap operation, the two flaps being of the same size; thirdly, there was the circular operation. The operation in this case consisted in a combination of the lateral and circular methods, the integuments having been divided by a circular sweep of the knife, and the muscular tissue cut obliquely into flaps. The leather splints had been applied for the purpose of keeping the deep surfaces of the flaps in close apposition, preventing gliding movements of the muscles, and so favouring union by first intention. This method of treating stumps has been practised for some time past by Mr. Marshall, some changes having been made from time to time in certain points, especially in the material forming the splints. In several cases it had been attended with very good results, more especially in amputations through parts with one bone only. Mr. Marshall dwelt upon the necessity of avoiding too firm pressure upon the flaps immediately after the amputation, subsequent care being taken at an evening visit to regulate the pressure according to the amount of distension at the stump.

SEAMEN'S HOSPITAL, GREENWICH.

CARDEN'S AMPUTATION FOR CHRONIC DISEASE OF KNEE-JOINT; RECOVERY.

(Under the care of Mr. ROOKE.)

IN this case amputation immediately above the knee-joint resulted in speedy and perfect recovery, notwithstanding serious general complications which were decidedly unfavourable to the more conservative operation of excision of the affected articulation.

Antonio F——, aged thirty, was admitted into the *Dreadnought* Hospital Ship with chronic disease of the left knee, in July, 1869.

Previous history.—Has been a sailor for fifteen years, generally serving in long voyages to the east of the Cape of Good Hope. Eight months before admission he was suddenly seized with severe pain over cap of left knee. This was associated with rheumatic pains in right knee and loins. Was laid up for one week, at the end of which period he commenced work again, but two days afterwards fell down the hold of his ship, and struck with violence the affected knee. After confinement to bed for a period of three weeks, he began to work again, and then followed his occupation as a sailor for six months, during the whole of which time there was increasing pain and tumefaction in the knee and leg, which for the last six weeks of the voyage rendered him incapable of going aloft. On his arrival in England he put himself under the care of a medical man at Plymouth, where he remained for six weeks. He was then sent up to London for admission into the *Dreadnought* Hospital.

When first seen the left knee presented a large globular swelling, of a soft consistence, which affected the whole of the joint, and chiefly at the sides of the patella. There was very little pain on pressure, but the patient complained of occasional attacks of acute pain which came on at night. The leg was everted, and abnormally movable. There was an antero-posterior curvature of the dorsal spine, evidently the result of caries.

The patient was treated for some months by keeping the limb at perfect rest, and applying blisters, poultices, and on two occasions the actual cautery. The benefit derived from the local treatment was generally very transitory, and the disease slowly but steadily progressed towards complete disorganisation.

In November the patient became anæmic, and presented signs of general dropsy. The urine, when examined, was then found to contain a large quantity of albumen.

The condition of the patient for some weeks was very precarious; but towards the end of January of the present year the œdema had almost entirely disappeared, and the urine presented scarcely any traces of albumen on boiling. It was then decided to remove the disease without delay, and by amputation of the limb, as it was thought that the patient would not be able to bear up against the prolonged treatment and confinement essential to the success of excision of the knee.

On Feb. 19th the left limb was amputated at the lower part of the thigh. A long flap of integument was taken from the front of the leg and dissected up to above the patella; the joint was then opened, and the knife carried directly backwards through the soft structures of the popliteal region. After the limb had been removed, the saw

was applied immediately above the condyles of the femur. After the popliteal artery had been tied there was very little arterial hæmorrhage.

The diseased articulation presented a well-marked specimen of the disease generally known as the gelatinous degeneration of the synovial membrane. There was some erosion of the articular cartilage both of the femur and tibia.

On the 3rd of March the patient had severe rigors, which lasted for twenty minutes, and were followed by much febrile disturbance. With the exception of this single morbid phenomenon, the patient progressed favourably, and without a bad symptom. There was at first a great tendency for the flaps to retract and to separate at their edges; and, for some days, great care had to be taken to prevent the anterior sharp edge of the femur from causing ulceration and perforation of the thin anterior flap.

At the end of March there was perfect union along the line of contact of the flaps, and the lower edge of the femur in front had been rounded off. The convalescence was delayed by the formation of some small purulent collections at the end of the stump, over the lower surface of the femur; but after the patient had been exposed for some days to the influence of fresh external air, all signs of irritation disappeared.

On the 25th of April the stump was perfectly sound and capable of bearing, without any pain being caused, any firm manual pressure. The extremity of the stump was rounded, and the soft tissues thick and freely movable over the end of the femur. The general health of the patient was good. No tendency to œdema of the limbs or face; urine clear on boiling.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

APRIL 25TH, 1870.

MR. GAY, PRESIDENT, IN THE CHAIR.

MR. WILLIAM ADAMS exhibited to the members of the Society the man upon whom he had successfully performed the operation of subcutaneous division of the neck of the thigh-bone within the capsular ligament, for extreme deformity, with bony anchylosis of the hip-joint. The man, L. B., was twenty-four years of age, and the contraction of the hip-joint took place after an attack of rheumatic fever, seven years ago last June. That the case was one of bony anchylosis was proved by the failure of forcible extension under chloroform, when considerable force was used on three successive occasions.

On the 1st Dec., 1869, Mr. Adams divided the neck of the thigh-bone subcutaneously within the capsular ligament, using a long tenotomy knife and a narrow subcutaneous saw with 1¼ inch cutting edge. After the section of the bone, it was necessary to divide the tendon of the long head of the rectus and of the adductor longus muscles, and to cut through the tensor vaginæ femoris muscle before the leg could be brought into a straight line, and the limb was then bandaged to a long straight splint as a retentive apparatus. The details of the operation were described, and the instruments exhibited to the Society. The operation was performed at the Great Northern Hospital. No swelling, redness, or deep suppuration followed the operation, but the wound was slow in healing.

On the 7th December, the house-surgeon, Mr. Willis, reports:—"The dressing removed for the first time to-day. A few drops of pus only escaped from the superficial wound. There is no deep suppuration going on. The superficial wound dressed with carbolic lotion, one part in forty."

Mr. Willis further reports:—

"Dec. 13th.—The splint was removed altogether to-day. He can draw the leg up almost as well as the sound one, and has very fair motion at the hip-joint.

"Dec. 22nd.—Going on well. No febrile symptoms or deep suppuration going on. The superficial wound nearly healed. There never has been more than two or three drops of pus on the lint in the morning. Collodion and castor oil applied to-day instead of carbolic-acid lotion. He got up to-day for the first time, just three weeks since the operation."

For a fortnight from this date Mr. Adams allowed and encouraged free motion; but, finding that this could not be maintained, and that the limb decidedly began to stiffen, Mr. Adams determined to abandon all idea of obtaining motion, and endeavoured to procure bony anchylosis with the limb in a straight position. The man was ordered to keep to his bed, and the limb to be maintained in a straight position by an extending weight of three pounds suspended over the end of the bed. After being kept in this position for three weeks, the divided neck of the femur seemed to be firmly anchylosed; and on the 24th of January, 1870, he was discharged and transferred to the Royal Orthopædic Hospital, where he still remains. From this date to the present time the recumbent position has generally been maintained with an extending weight, but daily exercise has been permitted, according to the inclination of the patient, two crutches being used at first, and one or two sticks afterwards substituted for them. At the present time he does not require more than one stick, and walks about a good deal every day. He can walk across the ward without a stick or any assistance whatever, but has not sufficient confidence in the limb to do more than this.

He exhibited his power in walking about the room without his stick, and Mr. Adams promised to record the progress of the case when the Society reassembled in October next. The success up to the present time seemed to be complete, and there appeared to be every prospect of the man recovering a sound and useful limb.

The PRESIDENT showed a girl in whose case he had excised the head of the femur, and the trochanters, nine years ago. He had lost sight of the case, but recently the patient had come under Dr. Routh, at the Cripples' Home. There was a shortening to the extent of four inches and a half, and it was a question as to what remedial measures might be adopted to relieve the patient, for she could not use the limb, it being now paralysed.

Mr. HENRY SMITH observed that this paralysis of the limb was no argument against the operation.

Dr. ROUTH thought there might yet be some diseased bone to come away to perfect this cure.

Mr. NAPIER read a paper "On an Improved Method of Stopping or Plugging Teeth," and exhibited some specimens in which the cavities caused by decay were severally filled up with hippopotamus ivory, mother-of-pearl, and india-rubber, vulcanised to the consistence of ebony. Mr. Napier desires to obviate the necessity for using metal in any form for stopping teeth, and read this paper with a view to prove the importance of the object he advocated. He argues that one of the principal causes of chronic inflammation in teeth that have been stopped according to the method now in general use, is that metal is a readier conductor of heat and cold than the natural substance of which a tooth is composed. The improvements he advocated would benefit both operator and patient.

Mr. FRANCIS MASON exhibited Mr. Holt's Self-retaining Winged India-rubber Catheters, for cases of enlarged prostate, atony of the bladder, and temporary retention of urine, and explained the method of introduction, and the way the patient could relieve the bladder.

Dr. THUDICHUM then read the paper of the evening, "On the Chemical Theories of Disease, having special reference to the Fungo-Genetic Theory." He remarked that during his recent researches into the chemistry of the urine, he had discovered a new acid, which he called cryptophanic. It could be precipitated from urine as cryptophanate of lime, after the phosphoric acid had been first removed by means of magnesia.

SUCCEDANEUM OF QUININE.—M. Pavia, an Italian professor of chemistry, has isolated, from the leaves and roots of boxwood, an alkaloid which he calls bussine. This substance has been tried in the treatment of marsh fever by several physicians in Italy, and with success at the rate of 75 per cent., quinine generally yielding 80 per cent. of cures. It should be mentioned that, in several cases, gastric uneasiness, pyrosis, thirst, sickness, giddiness, and tinnitus aurium were complained of.

THE HISTORY OF ANÆSTHETIC DISCOVERY.

I.

THE death of the illustrious Edinburgh Professor, Sir James Simpson, has not only furnished topic for general and, we may say, national regret, but has suggested material for the daily press on the subject of anæsthesia, in reference specially to the origin and history of that beneficent advance in medical science.

As is common when laymen write on things medical, and enter into controversies involving the historical reputation of medical men, and the origin of new progresses, many indefinite, absurd, and even incorrect statements have been bandied about respecting this discovery of anæsthesia and its discoverers.

On one side some English writers have placed the whole of the discovery to the credit of Sir James Simpson; on the other side some American writers have claimed for Wells, Morton, and Jackson, or for one or other of them (for even each of these has his special partisans) all the honour, assigning to Simpson either a secondary place in the great work, or hinting that what he did was an interference rather than an advance. The cause of this division of opinion is traceable clearly enough to a want of knowledge, on the part of the disputants, of the historical facts, and it now becomes our duty, as publicists representing medicine, to put the facts before the world in their correct order.

This would be our duty were it a voluntary obligation. It is more: the number of applications made to us from all parts for an accurate representation of the history enforces upon us a task to which we will proceed with but two other preliminary observations Firstly, that we that write this article have been engaged without any intermission in the study of anæsthetic research from the earliest day when the practice of anæsthesia was introduced into this country; and secondly, that we shall adhere rigidly to the facts of history, troubling our readers with references to original sources of information when necessary, and speaking of the dead whom we may name by Sam. Johnson's revision of an old motto:

"De mortuis nil nisi *verum*."

For the sake of order we will divide the subject of the history into (*a*) the ancient or classical stage of the discovery; (*b*) the first chemical stage in which the chemical agent, nitrous oxide, was introduced; (*c*) the stage of discovery of etherisation; (*d*) the stage of discovery of chloroform; (*e*) the stage of latest discovery.

In the present part we will treat of the first two of these stages.

CLASSICAL STAGE OF THE HISTORY.

It will fix the idea of the period of the classical stage of anæsthetic discovery best on the mind by stating at once that it runs simply with the era of Christianity down to this century; that is to say, it extends from the first to the eighteenth century. We find in the writings of physicians of the Roman Empire in the first century clear evidence of the practice of surgical anæsthesia. How long the practice had then been in use, and whether it was of Roman origin, or had descended from the Greek school, are doubtful points. The probabilities are that the practice came down from the Greek school; for the Romans were hard copyists, and the medicine employed by them to produce anæsthetic sleep was well known to the Greeks, and was, in fact, a vegetable product of the isles of Greece; the medicine was "atropa mandragora," commonly called mandrake. Mandrake belongs to the same genus as belladonna, and contains an alkaloid possessing active narcotic properties, concerning which we shall have more to say on another occasion. That the narcotic was capable of producing prolonged sleep, sleep even simulating death, is sufficiently proved; and that the fact was generally known for many ages is obvious from the references made to it by the great poets who have used it with special effect in dramatic art. Shakespeare more than once speaks of mandragora, and, referring to the inebriation which it produces, characterises persons under its influence as "mandrakes," in the same manner as we characterise those inebriated with alcohol "alcoholics." In "Romeo and Juliet" the administration of the atropa mandragora to the heroine by *Friar Laurence* is the great point of the play, as her reasoning upon it before taking the potion indicates. Thus,—

> "Alack! alack! is it not like, that I
> So early waking,—what with loathesome smells
> *And shrieks like mandrakes'* torn out of the earth,
> That living mortals, hearing them, run mad."*

The first mention made of mandragora as an anæsthetic is by Dioscorides Pedanius, who lived at the earlier part of the first century, and whose study of botany in its application to medicine was an event in the science. Of Mandragora he observes:†—

"There are those who boil the root in wine to a third part, and preserve the decoction, of which they give a cyathus‡ in want of sleep or severe pains in any part, and also before operations with the knife or the actual cautery, that they may not be felt."

Again,—

"A wine is prepared from the bark of the root without boiling, and three pounds of it are put into a cadus§ of sweet wine. Of this three cyathi are given to those who require to be cut or cauterised; when, being thrown into a deep sleep, they do not feel any pain."

Once more, he describes a kind of mandragora called "morion," probably the white seed of the apple of the mandrake, spoken of also by Pliny as a narcotic poison, of which he (Dioscorides) says:—

"A drachm of it taken in a draught, or in a cake, or other food, causes infatuation, and takes away the use of the reason; the person sleeps without sense in the attitude in which he ate it for three or four hours afterwards. Medical men use it when they have to resort to cutting or burning." ‖

Pliny (Caius Plinius Secundus) also describes mandragora in similar terms, giving to the juice of the leaves a preference over the root. He affirms it has the power of causing sleep. "The dose half a cyathus is taken against serpents, and before cuttings and puncturings, that they may not be felt." He further adds, and this is most peculiar, "For these purposes it is sufficient for some persons to seek sleep from the smell." ¶

In a work entitled, "Liber de Herbis sive de Nominibus ac Virtutibus Herbarum," we find a later reference to surgical anæsthesia. This work is attributed to one Apuleius, the most ancient edition being without date, and from Rome. The first edition with date came from Bale in 1528. The authorship of this work is disputed. It has been attributed to Celsus Apuleius, a contemporary of Celsus; to Lucius Apuleius, of Madaura, the author of the "Metamorphoses, or Golden Ass," the "Florida," and other works; and, lastly, to a monk of the eleventh or twelfth century. Celsus Apuleius, although a medical writer, may be thrown out, because in the treatise "Liber de Herbis" Dioscorides and Pliny, later writers than he, are quoted. Lucius, who lived in the middle of the second century,

* Romeo and Juliet, act iv., scene 3.

† Dioscorides, book iv., chap. 76.

‡ A cyathus was a small drinking-glass; it also indicated a weight of 10 drachms.

§ A cadus is 18 gallons.

‖ See Professor Simpson's paper, Monthly Journal of Medical Science, vol. viii.; and Richardson's edition of Snow on "Chloroform and other Anæsthetics," pages 1—8. Churchill, 1858.

¶ Natural History, book 25, chap. 13. Bohn's admirable edition of Pliny supplies the quotations in full, and is a book which should be in every medical library. See also Snow, op. cit.

in the time of the Antonines, might certainly have written the work, except that he was not a physician, but a pleader. Of the third Apuleius, history is speculative; in fact, he may be an imaginary character. Anyhow, in the sixteenth century, in a book by one Apuleius, and an authority, the statements of Dioscorides and Pliny respecting mandragora are repeated thus:—

"If anyone is to have a limb mutilated, burnt, or sawn, he may drink half an ounce [of mandragora] with wine, and whilst he sleeps the member may be cut off without any pain or sense."

In another work, entitled "Chirurgia Secundum Medicationem Hugonis de Luca," published in Venice in 1490, by Theodoric, we get a further glimpse of anæsthesia. Theodoric, a pupil of Hugo of Lucca, was a monk and preacher, and ultimately a bishop; he practised surgery, and ended his days at Bologna, where he died in 1298. He gives a recipe for making a mixture which could be placed on a sponge in hot water, and which, when applied to the nostrils of a patient about to undergo an operation, would produce sleep, during which the operation was to be performed. In this recipe hemlock and the juice of the leaves of the mandragora formed constituent parts. Snow, who gives the formula in full, disputes its efficacy as a substance to be inhaled, in which opinion we can but agree; but the mention of mandragora in the manner stated implies that, in the middle ages, surgical anæsthesia was still carried out. Snow further quotes from the work of M. Stanislas Julien, on Chinese medicine, entitled "Koukin-i-tong," that a Chinese physician named Hoa-tho, who lived between the 220th and 230th year of our era, gave to his patients a preparation of hemp, by which they became as insensible as if they were drunk or deprived of life, when he performed his operations; it is inferred in this case that the fumes of burning Indian hemp were inhaled. This is probable, for the fumes do produce a narcotic effect, which is very rapid in its action, as do the fumes of some other vegetable substances which have been experimented upon in our own day. The fumes of the Lycoperdon gigantium, or common puff-ball, were shown by ourselves, in 1854, to possess powerful anæsthetic qualities, the active agent in them being carbonic oxide. For ages past the fumes of the burning lycoperdon have been used for stupefying bees before taking the honey from the hive.

Coming to later times, we find, in the seventeenth and the eighteenth centuries, that narcotic draughts were sometimes administered previous to operation, for the purpose of annulling pain. In the *Medical Gazette*, v. xii., p. 515, Dr. Silvester gives the account of Augustus, King of Poland, who was operated upon by Surgeon Weiss while rendered insensible by a narcotic potion; and afterwards, in 1780, Sassard, a surgeon of La Charité, Paris, suggested a similar practice. That this practice was carried out is obvious from a chapter in Benjamin Bell's surgery, for Bell not only names the practice, but objects to it, as though he had tried it, on the ground that it produced "sickness and vomiting."*

Thus we see that for seventeen hundred years at least, if not for a longer period—and we might possibly go back to Homer for a doubtful indication of even an earlier history,—anæsthesia for surgical operations has been a practice: why it was not a general practice was probably due to the uncertainty or the trouble with which it would be attended during ages when chemical science was little developed, when the formulas of physicians were traditional and empirical, and when the dangers attending the production of sleep by artificial means were exalted by superstitious dread.

* "Bell's System of Surgery," vol. vi., chap. 45, "On preventing or diminishing Pain in Chirurgical Operations." Edinburgh, 1787.

THE FIRST CHEMICAL STAGE.

We trace the introduction of chemical research in its application to anæsthesia to the end of the latter part and the beginning of the present centuries. The discoveries of the immortal Priestley led up to the plan of administering gases and vapours of definite composition, by inhalation, through the lungs. So soon as Priestley had made known the existence of vital air, or oxygen, the properties of this body were tested with hope of great results, in medicine. He himself set the initiation of inhalation of oxygen, and in time was followed by Beddoes, Humphry Davy, Hill, Thornton, Percival, and others. An institution called the "Pneumatic Institution" was established, evidently on the suggestion thrown out by Priestley respecting "factitious airs," in the following words:—

"I cannot help flattering myself that in time very great medicinal use will be made by the application of these different kinds of air to the animal system. Let ingenious physicians attend to this subject, and lay hold of the new handle which is now presented to them."

Beddoes was the active leader of the pneumatic method, and was seconded very ably by the enthusiastic physician, Thornton. Under their influence the practice of inhaling oxygen became intensely popular, and many of the cases related by Thornton afford remarkable evidence of usefulness from the treatment. It followed naturally upon this that other gases and vapours were administered by inhalation. Dr. Richard Pearson, of Birmingham, administered ether in this way in the year 1795 for the relief of consumption, and ten years afterwards Dr. Warren of Boston, U.S., also employed etherial inhalation to relieve the sufferings attending the later stage of phthisis pulmonalis. Thus treatment by inhalation settled into an established practice.

And yet another advance came from Priestley. After he had discovered the method of liberating and collecting gases, he showed that some gases could be absorbed by water and compressed in water. This led to the original manufacture of what are now called aerated waters. Carbonic acid was the first gas thus employed. In course of time nitrous oxide gas, which was discovered by Priestley in 1776, was compressed into water; and one Searle took out a patent for an "oxygenated aerated water," made by impregnating water under pressure with five volumes of nitrous oxide. The mixture came into general use as a medicine, and its effects were investigated by Mr. (afterwards Sir Humphry) Davy, who reported favourably concerning it. Davy, at the time he undertook research on nitrous oxide, was superintendent of a pneumatic institution at Bristol, founded by Beddoes, and here, in 1800, he commenced his inquiries on the inhalation of nitrous oxide and other gases, including hydrogen, which in 1769, four years after the discovery of oxygen by Priestley, had been inhaled by Fontana to the production of insensibility. Davy's description of his experiments with nitrous oxide are among the most fascinating in the literature of science. He was now very young, his enthusiasm ran high, and it appeared to him, as by prescience, that he had come upon a new world. Columbus, writing to his sovereigns respecting the glories of his newly discovered lands, gave descriptions indeed hardly more enkindling than Davy did respecting his new mental impressions under the inhalation of the subtle gas. He declares he felt as if the present existence were all changed, and that everything in the universe was made up of ideas—nothing existed to him but idealised dreams. He constructed a box or small chamber, in which he inhaled the gas in measured quantities. One day he suffered from toothache and inflammation of the gums, and almost instinctively resorted to his panacea, the gas; to his delight he found the pain relieved, and thereupon, in

writing afterwards on nitrous oxide, he ventures the following suggestion, in which is embodied the whole of the modern chemical advance of anæsthesia:—

"As nitrous oxide in its extensive operation seems capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place."

This observation was published in the year 1800.*

There is now a blank in the history of anæsthesia extending over many years, but yet not without some advance. In 1815, Nysten, writing in the Dictionary of the Medical Sciences (vol. xiii.), on the subject of Ether, records, following Pearson and Warren, that he had employed ether, by inhalation, in the treatment of lung diseases, and, further, that he had used the same agent successfully for relieving the pain of colic. Three years later, in the *Quarterly Journal of Science and Arts*, Faraday pointed out that the inhalation of the vapour of sulphuric ether produced effects similar to those induced by nitrous oxide, and henceforward the vapour of ether was frequently exhibited at the lecture table side by side with the nitrous oxide. The late distinguished chemist, Professor Thomas Thompson, of Glasgow, annually amused his students by allowing them to inhale these narcotics until they were inebriated, or even stupefied. The gas was inhaled from a reservoir or bladder; the ether was inhaled from a bladder; a couple of drachms of rectified and washed ether were poured into the bladder, and allowed to diffuse; then the air and ether vapour contained in the bladder were breathed, the expired air being allowed to enter the bladder also. To the present day this simple method is the best for ether inhalation, when brief insensibility only is required.

By these steps men of science and medical men generally were familiarised with the phenomena of narcotism by the action of two chemical agents, nitrous oxide gas and ether vapour. One man of exalted genius, Davy, had affirmed that nitrous oxide might be used for abolishing pain during surgical operations; and another man, also of exalted genius, Faraday, had affirmed that the action of ether vapour was the same as that of nitrous oxide; and thus the road was laid for the practical application of these two agents for anæsthesia. The road was laid for thirty-nine years, during which time it was skirted, and surveyed, and even gamboled upon by merry philosophers and their youths once a year. At last some men began to use it in earnest, and it became a high road to be pronounced blessed, by millions who should find in it escape from physical agony. What pioneers explored the road, declared it open, and led writhing humanity into it as into Elysium, will be described in our next part.

* Researches Chemical and Philosophical, chiefly concerning Nitrous Oxide and its Respiration. By Humphry Davy. London, 1800.

THIRD REPORT OF THE COMMISSION ON THE EMPLOYMENT OF WOMEN AND CHILDREN IN AGRICULTURE.

THIS report is confined to Wales, and whilst it presents some satisfactory features, especially in the Northern Counties, it shows that in some parts much reform is required in the way of cottage accommodation, sanitary improvement, education, &c. It is scarcely within our province to go into the general question as to the habit and effect of employing women and children in agricultural pursuits, but it certainly strikes us as a defect that the commissioners have neglected to take the evidence of medical men, who might reasonably be supposed to know the effects of such employment better than peers, rectors, or even guardians of the poor. Some of the evidence given is peculiar. One noble chairman expressed his belief that all the children went to school; and whilst a rector said most of the children in his district were pretty well educated, a farmer at the same board complained that they stole his turnips. A Monmouth farmer, who was anxious to secure a good report, said that the labourers there were better off than any Government commissioner. This gentleman had not the courage to complain in presence of the landowners, but after the dispersion of the board he told the commissioners that more cottages were wanted. In Cardiganshire the great blot is the condition of its cottages. In many, whole families exist in a single room with scarcely any light or ventilation, and there are no domestic conveniences of any kind. Fortunately the tidy and thrifty habits of the people diminish the evils which would otherwise arise. The few medical witnesses examined testify to the general healthiness of the population, and particularly to the improvement which has resulted from higher wages and a more liberal diet. Mr. Bush, medical officer of the Narberth Union, states that since the discontinuance of potato and porridge diet the labourer is more able to resist the influence of weather, and when he is struck down by disease there is a far greater rallying power in the constitution than formerly. This gentleman testifies also to the advantage of administering more liberal relief than formerly to the sick poor.

It is satisfactory to find that this improved physical condition of the labourer, the consequence of better wages, has proved beneficial to the employer also. Whilst the wages have been almost doubled, Welsh farming has improved. A man at two shillings or half-a-crown a day is more profitable than one at half the price. When will political economists recognise this simple physiological fact, that the value of labour, and hence the rate of wages, depends more on the health and habits of the labourer than on mere numbers. It is quite possible to imagine a population so feeble and wanting in energy as to be unprofitable at any rate of wage. Is not this one of the causes of metropolitan pauperism?

THE CONTAGIOUS DISEASES ACTS.

THE third report on the operation of the Contagious Diseases Acts, just published by the Association for promoting the extension of the Contagious Diseases Acts of 1866 to the civil population of the United Kingdom, contains a very able refutation of the various misstatements which have been put forward in connexion with the subject during the past twelve months. It will be remembered that a committee of the House of Lords investigated the subject of contagious diseases in 1868, and a committee of the House of Commons took up the subject last year, prior to the passing of the Act of 1869, by which some of the provisions of the previous Act were amended, and the area of its action extended. The statement put forward by the opponents of the Act, that the inquiries and consequent legislation have been conducted in a secret and stealthy manner, is thus at once contradicted. Mr. Simon's opposition to the extension of the Contagious Diseases Act has already been considered in these columns (LANCET, Sept. 18th and 25th, 1869), and the report before us devotes a large portion of its space to a refutation of many of that gentleman's statements and deductions. Mr. Simon's opinion of the exaggeration of the extent of contagious venereal disease is combated by the statements that 43 per cent. of the total out-patients at Guy's Hospital are suffering from venereal disease in one form or another; that one in five of the patients at one Ophthalmic Hospital, 15 per cent. of the patients at the Throat Hospital, and, according to Mr. Simon's own investigations, 5 per cent. of the children at various hospitals and dispensaries are all labouring under venereal disease. The attempt to under-rate the importance and seriousness of venereal affections by the medical officer of the Privy Council is shown to be unsupported, and, in fact, contradicted by the bulk of medical opinion; all the leading members of the profession agreeing that it is impossible to estimate the damage resulting from syphilitic infection.

The best answer to the allegations that the Acts have not diminished the frequency and severity of contagious diseases is found in statistics. It is proved by them, that not only has there been a steady decrease of disease in the districts under the Acts, but that the effect on the health of both the men in the public services and on the women themselves has been most marked. A remarkable illustration of the effects of moving a regiment from a certified to a non-certified neighbourhood was recently given in these pages by Mr. W. Lane, of the Grenadier Guards, who found the numbers of men suffering from venereal complaints in London to be 3½ times larger than the number under treatment at Windsor, (*vide* THE LANCET, May 8th, 1870.)

Among the cries got up against any extension of the provisions of the Act, have been allegations of oppressiveness and injustice, of wrongful accusation of modest women, of the unfairness of not including men under its provisions, and of so-called legalisation of prostitution after the French pattern. The report entirely disposes of these several objections, showing that every facility is given to a woman to leave her evil courses, and thus free herself from inspection; that it is impossible that any modest and well-conducted woman can be inconvenienced by the Act, and that no such case has really ever occurred; that the English and French systems have nothing in common; and that, so far from legislation in this country favouring prostitution, the Contagious Diseases Acts have tended to diminish its amount, whilst they in no way abrogate or interfere with the ordinary laws by which disorderly persons are controlled.

The arguments founded by Mr. Simon upon the presumed costliness of any sweeping reforms are combated by reference to the present cost of the several Government Lock Hospitals. Taking London alone, in which Mr. Simon supposed accommodation would be required for 9000 women at an annual cost of £100,000, it is shown that at the present rate of the Lock Hospital, 500 beds would receive 5500 patients annually, at a cost of £12,500 a year, or £25 per bed. The alternative propositions put forward by a writer in the *Westminster Review*, and by Dr. Drysdale, are also examined, and shown to be impracticable.

An appendix contains several valuable tables and papers illustrating the subject, and among them letters from various clerical correspondents showing the benefits they have noticed from the existing legislation. There is also a useful summary of the present Acts, and the whole report reflects the greatest credit upon the indefatigable honorary secretaries of the Association, Mr. Berkeley Hill and Mr. Curgenven.

New Inventions

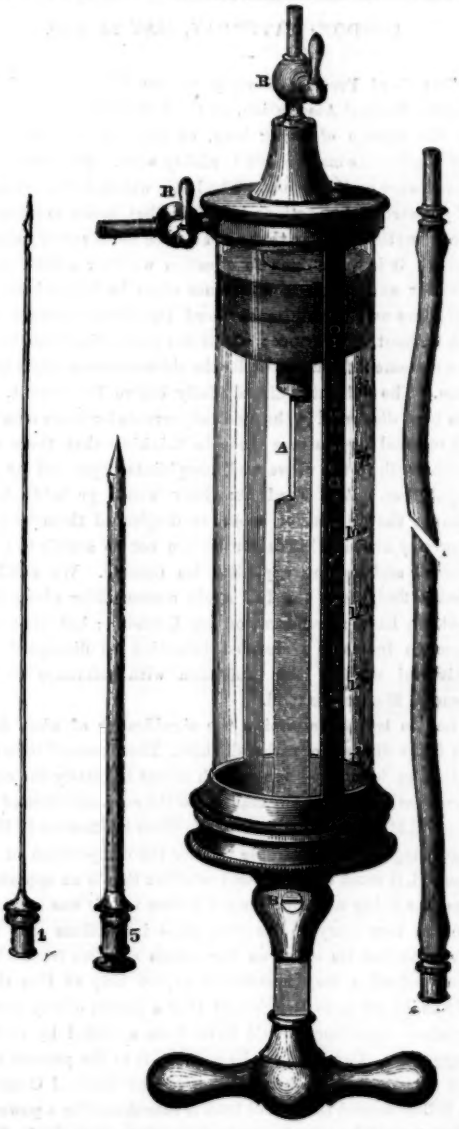
IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

SUBCUTANEOUS PNEUMATIC ASPIRATOR.

UNDER this title Messrs. Weiss and Son have introduced to the profession a new instrument, invented and patented by Dr. Georges Dieulafoy, of Paris, which promises to be of great practical value.

It consists of a glass exhausting syringe, capable of being attached to a fine tubular exploring needle, or to a canula of larger size. The syringe being first exhausted, and its piston secured by a half-turn, which engages the notch A in a catch, an exploring needle is introduced at any point beneath which the presence of liquid is suspected, and is carried to a sufficient depth to prevent air from entering at its point. The exhausted syringe is then connected with the needle, either directly or by the intermediation of an elastic tube; and a stopcock between the channel of the needle and the vacuum is opened. The needle is then carried onwards, and as soon as its point reaches fluid this fluid rushes into the vacuum. By closing the stopcock and opening a lateral one, the fluid can be driven out into a vessel by disengaging and pushing down the piston; and by drawing up the piston when both cocks are closed the vacuum is restored, and will be again filled by fluid as soon as the communication is reopened, and as long as there is any left to flow. In this way, according to the inventor, fluid may be discovered at any depth, and removed without risk from any situation. He has operated upon joints, the pleura, deep abscesses, and even the head in



cases of hydrocephalus, and in many cases with great advantage. The woodcut sufficiently explains the structure of the instrument; and Messrs. Weiss and Son have published a translation of the inventor's descriptive pamphlet.

CHLORAL IN TETANUS.—Professor Verneuil has submitted to the Academy of Sciences of Paris the case of a young man who suffered from tetanus in consequence of a crushed finger. The patient took chloral for a month, the doses varying from 90 to 180 grains per diem. M. Nélaton, being present at the meeting, considered that this single case had hardly any weight, and that the author should have waited until more facts had been collected.

THE LANCET.

LONDON: SATURDAY, MAY 28, 1870.

THE Lord President's reply to the deputation of the British Medical Association, on the 19th inst., was not open to the charge of being long, as perhaps one or two of the statements made to his Lordship were. His Lordship's words were certainly few. The habit which Ministers have of answering deputations in words that mean nothing or mean anything, is one that must not be too severely judged, though it is quite open to question whether a little more candour and openness would not often be better both for Ministers and deputations. Lord DE GREY'S answer was not without significance; still it was not so direct and frank as a statement from him under the circumstances might have been. The subject is already fully before Parliament. It has been discussed in the medical journals for three months. All medical associations agree in thinking that there was much truth in the views and complaints expressed by the deputation. And Lord DE GREY would probably have pleased the deputation more, or displeased them less, by expressly avowing his determination not to accede to their wishes, and stating explicitly his reasons. We shall be glad to find, when the Bill again comes under discussion, that we have misunderstood his Lordship; but his words seem to indicate a decided intention to disregard the universal wish of the profession with reference to the General Medical Council.

Let us try to determine the significance of what Lord DE GREY did say, or rather did hint. There seemed to be two points in his reply—one or both meant to justify the omission from this Bill of any clauses for the reconstitution of the General Medical Council. Lord DE GREY in effect said: Even supposing it to be desirable to alter the composition of the Council, it must be considered whether this is an opportune time for doing so;—implying of course that it was not. And we are very sorry to perceive some indications that this view has had its effect on the minds of some from whom the profession may reasonably expect help at this time. We could not have anticipated that a person of any parliamentary experience would have been satisfied by such a suggestion. Can any time be so suitable as the present time for considering the constitution of the Medical Council? A Bill to amend the Act of 1858 is introduced by a powerful Government into Parliament. One of the principal effects of that Act was the creation of the General Medical Council, which has been on its trial for twelve years, and has never been satisfactory to the profession. Can anything be more unreasonable than to say, under these circumstances, that the discussion of the constitution of the Medical Council is not opportune? But it is alleged that the term of office of many of the members of the Council does not expire for two years, and then will come the time for considering its constitution as a separate question. Does anybody seriously believe that, if the Government once passes this Bill, or any similar Bill abolishing the scandal of nineteen rival licensing bodies, which alone seems to press on its attention, we shall soon have another Bill brought in? It is not complimentary to the intelligence of those who ask for the amendment of this the most unsatisfactory part of the Act of 1858 to be told that this is not the proper time, and that it can be dealt with separately two years hence. Governments are not so fond of bringing in Medical Bills. They only do so under a great urgency of public opinion. And when they do so, the most general wishes of the profession should be asserted, and should be respected. Even if this Government should be in office two years hence, is it likely to open up this whole question to modify a Council which it has throughout complimented and consulted? As for the two years of office which the present members of Council have before them, surely this is subject to the action of Parliament and to the necessities of the public interest. At the very best, this argument is only good for allowing the term of the present representation to expire naturally, and is no argument against the demand of the deputation. Of all excuses for not touching the question of the Medical Council, that of time is the weakest. Now is emphatically THE time.

But Lord DE GREY hinted another objection to the arguments of the deputation in favour of giving the profession a representation in the Council. Whether a body should be representative or not, said his Lordship, depends upon the nature of its functions. This remark, we have no doubt, illustrates his Lordship's real objection to make the Council more representative of the profession. We only regret that Lord DE GREY did not explicitly say what he thought of the fitness of applying the representative principle in this particular case, instead of stating a very general and obvious proposition. We would far rather be told directly and flatly that the profession has no claim or right to be represented in the Council, than that a more convenient season for procuring this representation will occur. The former statement seems to us quite untenable, but it is tangible and answerable. The other is misleading. Besides, the two arguments for not touching the question of the Medical Council in this Bill are somewhat inconsistent. If the General Medical Council is perfect in its constitution now, it will be perfect two years hence. But we maintain that, considering the nature and functions of the General Medical Council, it is not perfect, and cannot be so until the profession is represented in it. This body has to determine the best education for fitting men for general practice; to construct boards to test such education; to make a register of all licensed practitioners; and to erase from the register the names of those who are guilty of unprofessional and infamous conduct. Can any persons be better fitted for serving in such a body than a few of the best general practitioners?—men who know what is wanted in general practice, and who have no corporation to regard in judging of the best means of education and examination. Because of the duties discharged by the General Medical Council, we maintain that general practitioners should be represented in it, and that corporations should either not be represented, or that their representatives should be in a decided minority, instead of, as at present, being three-

fourths of the Council. So much for the wisdom of representing the profession. The fairness of such a course is apparent when we consider that the Council is supported *entirely* by fees paid by the profession.

We commend these remarks respectfully to Lord DE GREY. Let them be refuted if they can be refuted. But do not let us be told that this is not the time to discuss the constitution of the General Medical Council. This is the essential point in medical reform,—probably not inferior in importance to the one-portal principle. The one-portal will surely be obtained, whether this Bill passes or not. The essential thing is that it be well watched and guarded. The Medical Council is to be the guard and critic of the one Conjoint Board. The one-portal may be a very curse to the profession if the gate is not well kept. The depositary of the *potestas clavium* is the question; and now is the time to settle it. The profession will be miserably to blame if it allows a Medical Bill to pass without settling it well.

IN discussing the remedies for the great abuses of our present administration of medical charity, it is necessary to bear in mind continually the very high position assumed by the profession with respect both to charity and to remuneration. We boast that in the profession of medicine and surgery "the quality of mercy is not strained." There is not a single member, whether high or low, who is not ready, within reasonable limits, to give his skill and services freely for the relief of the truly unfortunate. No one would desire for an instant to curtail our charitable privileges, or to deter any really suffering and deserving person from seeking and obtaining the assistance by which his life might be saved or his health restored; and, no matter how perfect the organisation of society may eventually become, there will ever be those who are overtaken by misfortunes over which they have no control, and to whom it will ever be a pleasure and a privilege to dispense our peculiar relief. But, in justice to a large number of young and struggling practitioners who, from the nature of their position, are often obliged to work extremely hard for comparatively small fees, it is of the highest importance that gratuitous medical assistance should not be given to a single person who is able, and ought to be called upon, to pay. Nor is it desirable that the time and energies of the more independent members of the profession should be too severely taxed. It is altogether unreasonable to expect that persons in active practice should give up five or six hours two or three times a week to the work of seeing a crowd of out-patients, many of whom may have the most trifling ailments. Even in the interests of the poor themselves it is undesirable that they should be led to think lightly of professional services by the facilities with which they are obtained; and it should never be forgotten that such facilities tend to destroy the self-respect and independence of the poor. Nor should it be forgotten that the lowest and most destitute classes have admitted claims upon the State. We have a right to insist upon the fair admission of those claims. Hitherto the Poor-law system of medical relief has been so extremely bad that, had it not been for dispensaries and hospitals supported by voluntary contributions and carried on by voluntary service, the gravest scandals must have taken place. And there will be little or no hope of a genuine improvement of that system until the profession firmly and practically repudiates the claim of mere destitution to gratuitous medical relief. The fundamental remedy for the abuses which so extensively prevail consists in the introduction of an effective Poor-law service, since by that alone will be taken away the last excuse for indiscriminate medical charity. No voluntary payments can reasonably be expected whilst there are scores of hospitals and dispensaries opening their doors gratuitously to all comers having the semblance of poverty. But once convince the public that medical charities exist for the relief of special cases only, and for giving the highest and most skilful assistance to those who are unable to provide it for themselves, due regard being had to the interests of all concerned, and we should close a vast number of institutions, the incomes of which might be devoted to that form of real charity which encourages the poor to help themselves. And with respect to remuneration it is important to keep the same noble principles in view. We have the greatest dread of the introduction of systems of payment involving the elements of competition and the principles of trade. It cannot be desirable to introduce contracts for attending upon society by wholesale. The life and position of the profession depend upon the maintenance of that personal and direct relationship between the doctor and his patient which results in special fees. By a tacit understanding the amount of payment assumes a certain variable scale, but in reality this scale is broken by a thousand circumstances. The rich man pays at each visit according to his means and sense of gratitude. It is no dishonour if the poor man does the same. In both cases the services are given — the honorarium received. The tradesman charges the same price to all his customers, but the professional man sells not his skill by weight nor his services by measure. No fee is despicable for its amount, if it represent true sacrifice and the best recognition of services which the donor has the power to give. Nor is there dishonour in accepting it. For convenience we may individually adopt a scale below which we may refuse to give up our time; but we ought to be careful not to dispense our professional services as charity in such a way as to relax this personal and mutual relationship.

Notwithstanding these high considerations, it cannot be doubted that there exists a very large class of persons who, from their peculiar position, are unable to remunerate their medical attendants as they would certainly desire. These classes have always received special consideration at our hands; and it is remarkable that medical charities are much less abused where these arrangements generally prevail. When the agricultural labourer joins a sick club, and spares his threepence or fourpence monthly for the privilege of obtaining medical attendance, he exhibits, to our judgment, an illustration of all the advantages of the fee system. Every time he puts aside his penny from his scanty weekly earnings, he sets a noble example of self-sacrifice, and gives the country doctor a deep acknowledgment of debt. The transaction would be dishonoured were the arrangement treated as a purchase and sale, and those only who appreciate the nature of the transaction know the

depth of the mutual respect inspired. It is obvious that it is only by some such arrangement that any payment whatever could be made; and it has this great advantage, that it satisfies the justice of the case, and maintains the honour and self-respect of both parties. We regard it as a test of the fitness of this mode of payment that its operation should be strictly confined to classes who cannot reasonably be expected to pay in any other way. It is a form of charity which consults their circumstances and cultivates their self-respect. It is a mode of dealing with persons in humble life and of scanty income in which the rich should be called upon, as well as ourselves, to help. The principle involved is altogether different from that of mutual assurance, which is founded purely on principles of trade. In this case the payment once made, the service follows as a right, no matter how inadequate the payment may have been. We have always objected to the word "self-supporting" in regard to dispensaries, because it implies that our services are cheaply "sold." But when it is proposed to establish provident dispensaries as charities, we give our hearty welcome, because such institutions will enable thousands to pay their fees who have now no means of doing so. It must, however, be clearly understood, that these institutions are acknowledged charities; that they should be open to every member of the profession who desires to join them; and due precautions must be taken that they shall not degenerate into mere trade clubs. The management should be purely honorary, and the payments of the contributing members, as far as possible, should be spent as fees.

With such safeguards, we are of opinion that many free dispensaries, particularly in the metropolis, might be converted into provident dispensaries with great advantage, not only to the younger members of the profession, but to the public and the poor themselves.

IF Government Reports and official Blue-books can scarcely be regarded as the pleasantest or lightest reading in the world, we have at least been accustomed to expect that in them facts will be calmly stated, and that conclusions will be couched in courteous phraseology. We look for a sense of responsibility in the writers such as shall prevent them from exercising their imagination at the expense of their judgment, or gratifying their prejudices or their petulance. The annual reports of the Registrar-General afford data of a most important kind; and the value of these documents has been much enhanced by the character of the comments with which Dr. WILLIAM FARR has accompanied his statistics. The 31st Annual Report has just been laid before Parliament, and a copy of it is before us. We opened the volume with some interest; but if all the papers in the appendix were like the concluding one, bearing the signature of Major GRAHAM, the Registrar-General, we might have closed it without any loss to our stock of knowledge, and with a higher opinion than we now entertain of official good sense or good taste. The remarks which the Registrar-General has thought fit to submit to the consideration of the Royal Sanitary Commission form an admirable type of what should be avoided in official writings. They are often impertinent, and always cynical in tone, weak in argument, and bad in taste. We much regret the employment of such terms in connexion with an official production by the head of a department; but the Registrar-General has himself to thank for it.

As our readers are aware, several men of eminent attainments and some scientific societies have expressed strong opinions as to the desirability of obtaining more accurate and fuller information regarding the health of the population of these islands than we at present possess. Different propositions have been made at different times; and these have embraced such points as the registration of disease, the registration of still-born children, and the elucidation of the causes of death in the cases of those dying without medical attendance. Dr. FARR, in the 27th volume of these Reports, and in the appendix to the First Report of the Royal Sanitary Commission, has entered very fully into the registration of sickness and mortality, and shown how, by an extensive and necessary complement of the inquiry by the coroner, we might make the system of registration subservient to State purposes in the prevention and detection of crime, and the improvement of public hygiene. It is only contemplated that returns of sickness should be furnished from the observation of those engaged in pauper practice and from public institutions, and the cases of uncertified deaths coming under the cognisance of the district medical registrar in whose locality they took place. The adoption of some system for the registration of still-born children was also a subject to be considered by the Royal Sanitary Commission.

It is necessary that the reader should bear this meagre statement of facts in mind, in order that he may appreciate Major GRAHAM'S remarks. We are first of all confronted by the obvious anomaly that the views of the Registrar-General and those of Dr. WILLIAM FARR are so utterly antagonistic that no one would expect to find them bound up in one and the same volume, much less that they were from officials engaged in the same department. If the nation consents to print this kind of thing, it is nothing to us; but it is beyond a joke that we should have to pay for the publication of ill-concealed sneers which are apparently the outcome of an undisguised feeling of animosity to the medical profession. Here are a few choice extracts from the Registrar-General's remarks. Speaking of the certificates of death given by medical men in England and Wales, and exacted by law from the profession in Scotland, he says:—

"The Scotch think this a great hardship; but myself, considering the privileges enjoyed by legally qualified medical practitioners, and seeing that in using the knife and in administering poisons they have free scope and no limit to their discretion, having every credit given them for the exercise of the highest skill although death may not be arrested, and being seldom subjected to investigating inquiry as to the precise treatment of their patients, differing in this respect from quacks, herbalists, &c., I cannot see that there is any hardship in a medical man being required to state the disease which in his opinion killed the patient who died under his treatment. If a general practitioner thinks that he ought to be paid for filling up the printed certificate with which I furnish him, let him in his last account sent to the representatives of the deceased, after the last box of pills, the last lotion, the last narcotic, add

the charge of half-a-crown or a few shillings for written statement of cause of death."

Alluding to the causes of death now registered in an unsatisfactory manner in this country, he says—

"I do not suppose this Royal Commission will be prepared to recommend that every person who is ill *must* seek the attendance of a legally qualified medical practitioner. However desirable the British Medical Association may naturally consider such a course to be, I can hardly think they wish to make it penal by statute to consult a chemist, a homœopath, an herbalist, a bonesetter, or to have no advice at all, as is the custom with a sect calling themselves 'Peculiar People.'"

The Registrar-General then goes on to make an official document subservient to the purpose of advertising the merits of bonesetters and unqualified practitioners, favouring them and the public with a species of testimonial from himself as to their skill, and stating, what no man in an official position is justified in stating, that he has known pure surgeons *secretly* recommending that these individuals should be consulted. And so he continues to indulge, paragraph after paragraph and page after page, in a species of criticism as weak as it is impertinent, relieved by an interpolation containing a sneering allusion to the Royal College of Physicians and its "*new* nomenclature of diseases in five languages." Ridiculing the idea that his subordinate registrars can ascertain all the common ailments of adults, he says, "How tedious will be their task when they investigate the complaints that we aged and infirm are suffering from." On another page, with the obstinacy of an old age which has not profited by past experience, and will not even open its eyes to new facts, he records his opinions as fixed and unalterably adverse to all the proposed changes in his department which several learned societies and eminent men have pressed on the notice of the Royal Sanitary Commission. We must not forget to add that Major GRAHAM spares no pains to ridicule the idea of attempting the task of registering the still-born. "Fancy a curate forced by statute to make inquiry of a pauper prostitute, or a rough-mannered beershopkeeper or farrier asking a delicate duchess how many months after conception her abortion had taken place." For himself, he would "prefer being compelled by Act of Parliament to register the birth of every living calf, or every living foal, or even a living colt the foal of an ass, rather than the miscarriages and abortions of women, and the entry into the world of dead human fœtuses, many of which are in a state of decomposition. A latent scintillula of usefulness might probably exist in recording the births of live animals; and it would certainly be a novelty, agreeable to some, to have a list of all the asses in England and Wales, the number of whom may be found to be greater than perhaps some people expect." And all this miserable stuff in an official document prepared to be and actually laid before Parliament, written by the head of a department who seems to be ignorant alike of the principles and the details of the scheme he is discussing, and regardless of the dignity and reputation of himself, his *confrères*, his office, and the profession by whose co-operation and aid nearly all the materials are drawn, for the registration and analysis of which he has for thirty years been receiving his official salary.

AT a late *séance* of the Académie des Sciences (April 25th) a note was read from M. SÉDILLOT giving his experience of the numerous advantages that attend the employment of electro-therapeutical agents even in capital operations, and especially dwelling on the fact that pain rarely follows their use. This point has scarcely received the attention it deserves from modern surgeons. It is too commonly felt that a great victory has been gained over one, at least, of the ills that flesh is heir to; and that, since operations of the most protracted and formidable nature can now be readily performed without a sigh or movement from the patient to distress or disturb the surgeon, all has been accomplished that humanity requires. Nevertheless, it must be acknowledged that in numerous instances after the performance of various operations, where the knife has been used, or where a certain amount of laceration or bruising of the tissues has been unavoidable, the patient finds, on recovering from his temporary lethargy, a considerable amount of pain remaining for many hours, which opiates, refrigerants, or even the recently discovered hydrate of chloral fail to relieve. M. SÉDILLOT draws attention to the singular freedom from pain that frequently follows severe burns, as in those of the third degree especially, where the integument has been charred—many patients, though ultimately dying from the injuries received, preserving their appetite, sleeping well, and maintaining the hope of a speedy recovery for some days after the destruction of the parts. He shows that galvano-caustic instruments are now constructed of such varied form as to permit almost every kind of operation to be performed; that they can be in an instant raised from ordinary temperatures to dull-red, cherry-red, or even to a white heat, and can be directed at the will of the surgeon in any direction, enabling him to remove superficial tumours with the utmost facility, to effect amputation of the penis, the testes, or even of the limbs, to excise cancroidal or fibro-epidermal tumours, to destroy lupus, to open cysts and abscesses, and to perform innumerable other of the minor operations of surgery. In all these cases no pain is felt after the operation, for the extremities of the nerves are destroyed, whilst the trunks are protected by an impervious eschar. And this eschar possesses other important advantages. The wound invested by it is obviously far less liable than a moist and granulating surface to miasmatic, putrid, and purulent infection; and one great source of mortality after operations is thus removed. No extravasation of fluids takes place beneath it, and the subjacent parts are therefore at once placed under conditions which are frequently ineffectually endeavoured to be obtained by dressings of alcohol, tincture of iodine, salts of iron, or nitrate of silver—under conditions, that is to say, analogous to subcutaneous wounds, and which are most favourable to organic reconstruction. There is one other advantage attending this mode of treatment—that, with a proper application of the heat, the vessels are occluded by clots, and hæmorrhage is impossible.

THE debate in the House of Commons, of the 24th inst., on the Contagious Diseases Acts, though held in the absence of the reporters, who, with all other "strangers," were ordered

to withdraw through the squeamishness of a single member, has been sufficiently reported in *The Times* to show that the opponents of these Acts, when doing their utmost, have no serious weapon of attack. Merely the old frivolous objections were advanced which have been refuted over and over again in these columns and elsewhere. Mr. W. FOWLER, in asking leave to bring in a Bill to repeal the Acts, stated that they failed to diminish disease; averring that many soldiers are unreckoned in the returns, because they do not now go to hospital when diseased, but apply to chemists in garrison towns for treatment. He repeated the allegation that in Aldershot one chemist alone sold medicine for these diseases to ninety-eight soldiers in a single week. This statement, when made before, was at once thoroughly sifted, and, we have authority for saying, was proved to be unfounded. Among other arguments, Mr. FOWLER quoted from Dr. CHAPMAN'S article in the *Westminster Review* of January last, which we have already criticised as untrustworthy. For this reason we will now only mention that the quotations in the article in question, purporting to come from M. LECOUR, the Chef du Bureau des Mœurs at Paris, are so contrary to the statements really made by the French writer that it would seem as if Dr. CHAPMAN has quoted a work without reading it. For example, in the article in the *Westminster Review* it is stated, on the authority of M. LECOUR, that since 1854, the proportion of syphilis has increased among all classes of prostitutes in Paris—namely, among those living in licensed houses, those living in private lodgings, and those arrested for clandestine prostitution. The truth has been set forth by Mr. BERKELEY HILL in a short paper printed for the information of members of the House of Commons during the recent debate, where the statements, as made by LECOUR, are given in a few words. According to LECOUR'S tables of admission to hospital during every year from 1854 to 1866 (his article was published in the *Archives de Médecine* in 1867), the number of syphilitic patients has steadily *fallen* in all classes of the women, and shows most indisputably that, whatever be the moral effect of the regulations against prostitutes in Paris, they do greatly and steadily diminish syphilis among that class. M. LECOUR has just brought out a larger work on the same subject ("Prostitution à Paris et à Londres." Asselin, Paris, 1870), which fully demonstrates that the suppression of syphilis in 1867 is still going on in 1870.

But even were it true that the Parisian system is attended by much evil of a moral kind—a point we do not stay to discuss,—that is no ground for repealing a very different system in this country, which, notwithstanding the most active investigation by paid and hostile emissaries, can be proved to have done nothing but good; especially in the matter for which it was inaugurated—namely, the repression of disease. In this respect its success has been most decided. Dr. LYON PLAYFAIR, in his speech in the House of Commons, produced the latest official information of the Army Medical Department respecting the entries of contagious disease at the stations in the United Kingdom, both at those under the Acts and those where these statutes are not yet enforced. It is a fact that the number of men sent to hospital for venereal sore is now six, where it was eleven; that is, the form of disease which is the prelude of syphilis—the one venereal disease which the public is deeply interested in eradicating—is diminished by nearly one-half. Nor can this great diminution be attributed to any cause but the operation of the Acts, for we find that the entries for venereal sore at stations not under the Acts remain as high as formerly, or even exceed the entries of previous years. At nine out of the fifteen stations where the Acts are not yet introduced the amount of contagious disease was higher in 1869 than in the preceding year. In fact, since the first passing of these Acts, there has been not only an absolute gain, but a relative one of a very significant kind. Whilst a steadily progressive decrease has been taking place in these diseases at the protected stations, their numbers have been as progressively increasing at the unprotected stations. So far it is evident that the soldiers greatly benefit by the Acts; but the civil population necessarily reaps much from their operation. At the Workhouses of Plymouth, Devonport, and Stonehouse, there were 706 women and 151 men admitted with venereal disease in the three years before 1866; in the three years 1867-8-9 only 55 males and 167 females were admitted for this malady. The diminution in the number of women, it may be said, was due to the increased accommodation in the Government Lock Hospitals; but no such cause has affected the male admissions, for no more hospital accommodation has been provided for them. Again, the percentage of venereal cases amongst the inmates of the Devonport Borough Prison was 4·05 in the fifteen years preceding 1864; since that time to the 31st of March last it has been 1·89.

It needs not to touch here the moral influence of sanitary restrictions. As hitherto enforced, they have effected very great improvement in this respect, by saving the fallen, and by hindering the prone to vice from sinking into shame. For it has been well argued in *The Times* that it is a profanity of religion to urge that the disease, as a just punishment of immorality, should be suffered to run its course unchecked. Were this true, we might at once withdraw from the fight against any kind of sickness. Preventive medicine would be morally wrong, and the noblest task of our profession become a mischievous meddling with the behests of the Almighty.

Medical Annotations.

"Ne quid nimis."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday, the 24th inst., a paper was read by Dr. William Stokes, of Dublin, on Supra-condyloid Amputation of the Thigh. The author had in two cases practised a section of the femur immediately above the condyles, without opening the medullary canal of the bone, and then, having sawn off the articular surface of the patella, turned up the bone to unite with the femur. Photographs of the cases were shown, and the stumps were stated to be most excellent. The speakers in the discussion which ensued appeared to doubt the applicability of the proposed operation to the cases of extensively diseased synovial membrane which so commonly lead to amputation, and thought that the cases did not offer sufficient data on which to judge an operation.

A second paper was read by Dr. Bowles, of Folkestone,

on the Production and Treatment of Stertor. The author maintained that stertor was almost immediately to be relieved by change of position of the patient, who should be placed on the side, with the body fully extended. He showed by quoted cases that not only is the stertorous sound, so distressing to bystanders, relieved, but that the lung of one side, being entirely relieved from pressure, is able to work freely, whilst all effused mucus collects in the opposite lung by gravitation. He had found that if the patient was turned from one side to the other after some hours, the fluid passed from one lung to the other; and he therefore advised that the patient should always be placed on the paralysed side in cases of apoplexy, &c. Cases were narrated in which recovery from a serious apoplectic seizure was attributed to the position of the patient having been altered early in the attack. Dr. Weber bore witness to the value of Dr. Bowles' suggestions, which he had himself put in practice with success; and Drs. Broadbent and Leared discussed some points in the paper. The latter gentleman, adverting to the use of artificial respiration in apparent death from epileptoid convulsions, suggested its use in other cases. Dr. Bowles, however, stated that the relief to the embarrassed respiration by change of position was so great that no artificial aids were required.

MEMBERS OF PARLIAMENT AND THE MEDICAL BILL.

WE must all be looking anxiously now to see how our medical members and those members representing constituencies largely medical, deport themselves in regard to the Medical Bill. We have plenty of good men in Parliament if they can be got to take the trouble to interest themselves in what is so interesting to their medical constituents. Mr. Lowe represents a university for which nobody wishes to legislate much, which is indeed a law to itself: but for all that, he is highly capable of doing good service at this crisis, and of procuring attention to the Medical Council. Then there is Dr. Lyon Playfair, who represents the Edinburgh University, which, with all its graduates and its illustrious medical history, has to be represented jointly with Aberdeen. A proposal to reduce, by combining, the representation of interested bodies would come well from Dr. Lyon Playfair, or from Mr. Gordon, whose university is in the same position as that of Edinburgh, and who represents thousands of graduates who would be grateful to him for this service. Sir John Gray has given notice of his intention to ask for important and significant returns from the licensing bodies. Mr. Brady, who does so much for the Poor-law medical officers, may be expected to study and to further the just wishes of the whole profession. Besides these there are several members of the profession who cannot be insensible to the feeling prevalent on this subject, and who, we trust, will lead the House either greatly to amend or entirely to reject this measure, which unsettles everything and settles nothing.

THE SEA IN HYDE PARK.

IT is not likely that the present generation will see such another opportunity as is now presented of bringing the seaside into London, and enabling us to enjoy a swim in salt water any morning ere the day's work begins. The clean gravelly bed of the Serpentine seems to invite us to cover it with sea-water, and it is not easy to understand why we should not at least try this experiment. The level of Hyde-park is not more than sixty feet or so above the sea. A reservoir on Brighton Downs about eighty feet above the shore, into which the water might be pumped by steam, would form a cistern of supply, out of which fifty miles of glazed earthenware tubing could convey the water in a constantly flowing stream to the park. The overflow from the Serpentine might be conducted in tubes laid along our principal thoroughfares under the kerb, with stopcocks at frequent intervals as in Paris. Charged as it is with deliquescent salts, especially the chloride of magnesium, sea water would be particularly adapted for "laying the dust," as well as being available for a purpose now never fulfilled—namely, cleansing the thoroughfares. No doubt this conveyance of Brighton into Kensington-gardens would cost some money. By setting apart a portion of the lake as a swimming-bath for subscribers, and fitting it commodiously, an annual revenue would be raised which would go very far, if we mistake not, to meet the cost. We should like to know whether our engineers have any objections to offer to some such scheme. If so, perhaps we might try M. Lesseps.

RECONSTITUTION OF THE MEDICAL COUNCIL.

WE direct attention to the letter of "S." in another part of our number on the reconstitution of the General Medical Council. The writer, a teacher of considerable eminence, approves the suggestion of "Index" in THE LANCET of May 14, for reducing the representation of the present licensing bodies in the General Council. But he extends it, and goes into details which are, in the main, certainly fair and wise, though we need not commit ourselves to the particulars. Let anyone consider the Council we should get by adopting such suggestions as those of "Index" and "S.," and he will see that it would be far more representative and influential, and, at the same time, less costly and smaller than the present one. "S." would find a place in a Council of nineteen not only for direct representatives of the profession, but for the Directors-General of the medical departments of the Army and of the Navy. We might, by such an arrangement, get rid of the special examinations for the army and navy, which now constitute such a reflection on our examining system, or at any rate restrict them to subjects of special importance. It is more and more clear that no Medical Reform Bill should be allowed to pass that does not grapple with this question, and it seems to us that the letters of the correspondents referred to supply the most practicable hints for this indispensable reform.

PENETRATION OF CAPILLARIES BY PIGMENT CELLS.

THE wanderings or migrations of the white corpuscles, described by Cohnheim and Von Recklinghausen, from the interior of the vessels into the surrounding tissues, are now very generally, though by no means universally, admitted. To those who accept it as a proved fact, it accounts for many pathological phenomena, and notably for the formation of accumulations of pus and fibrin, with the innumerable exudations intermediate in character between these, with which all are familiar. To those who do not as yet admit the view that the white corpuscles can thus migrate, the principal difficulty is to conceive the walls of the capillaries as being so firm as to restrain the red blood-corpuscles moving under the ordinary pressure of the blood, and yet so soft as to permit easy passage and egress to the white. An important piece of corroborative evidence in favour of the migratory view has recently been supplied by Dr. Saviotti, of Turin. This observer being engaged in studying the inflammatory process in the web of the foot of the frog, first obtained a circumscribed spot of inflammation by means of a drop of collodion, and after a few days found the pigment cells of the irritated spot accumulated

around the vessels in a contracted condition, and in the course of a short time that they had entirely disappeared. He immediately applied himself to the question of explaining the mode of their disappearance. In other frogs he excited inflammation by dropping on the web a small quantity of a 2 per cent. solution of sulphuric acid. Again, after a few days, he saw that the pigment cells had accumulated around the bloodvessels, and that, though they still preserved their contractility, their processes were less branched and numerous than natural. On further examination, he now observed that these processes began to penetrate the walls of the adjacent capillaries and small veins, causing an obstruction to the onward movement of the red corpuscles on their proximal side, while a clear space was observable on their distal side, occupied only by serum. And now one of two things occurred: either the process of the cell broke off, and was swept away by the blood current, or the whole cell gradually squeezed itself through the capillary wall (the part within the vessel becoming greatly attenuated and elongated) until it also was carried away. In the former case, the cell, shorn of part of its substance, still remained outside the vessel; in the latter, it of course disappeared entirely. As regards the time occupied in these phenomena, Dr. Saviotti finds that the cell processes penetrate the vessels in a period varying from three to six hours, and that it takes about the same length of time for the whole cell to follow and to be washed away from the internal surface, to which it long remains adherent.

These observations seem to us to be of very great importance, as throwing light on the phenomena of absorption. Hitherto, we believe, the entrance of solid substances from without into the bloodvessels has only been noticed by Von Recklinghausen, but these observations are of so precise a character, and so easily capable of being repeated, that we trust they will stimulate other observers to further inquiry.

HEALTH OFFICERS' REPORTS.

DR. WHITMORE, in an introductory paragraph of a special report which he has drawn up on the late epidemic of scarlet fever in the parish under his charge, offers a suggestion to his brother health officers of the metropolis. Referring to the frequent necessity there is for resorting to statistics as a guide in the operations of preventive medicine, Dr. Whitmore remarks that if each health officer would habitually furnish to the Registrar-General such information as he might be able to acquire relative to outbreaks of epidemic disease, such information in the aggregate would be of great practical value. It will be remembered that during the cholera epidemic of 1866 the Registrar-General solicited the health officers to send him occasional remarks tending to throw light on the progress of the epidemic, and as he published them from time to time in his Weekly Returns, there can be no doubt that the knowledge gained was useful in many ways. And if some arrangement were come to now between the Registrar-General and the health officers, there seems to be no reason why the Weekly Return should not become the medium of diffusing early and general information about the movement of disease, such as at present lies dormant altogether, or is perhaps held over for isolated publication at a remote period. Of course, what we ought to have is the systematic publication by the Registrar-General of Weekly Returns of sickness as well as of death, and those we shall surely get sooner or later; but meanwhile those health officers who are minded to try the experiment might adopt Dr. Whitmore's suggestion, upon the understanding that their facts were used, and not cast into the waste-paper basket at Somerset House. There is abundant room for increasing the interest and value of the Weekly Return, and we cannot conceive there would be any objection to receive occasional contributions of facts which would give a little variety to it.

But while we agree with Dr. Whitmore's suggestion, we must remind him that its adoption would not meet the want to which we have often adverted, of a co-ordination of the Health Officers' Reports, so as to supply for London what the able reports of Dr. Trench and other provincial health officers supply for their several localities—namely, an annual report of sanitary work done in the metropolis as a whole.

HYDRATE OF CHLORAL.

AN interesting discussion took place at the last meeting of the Medical Society of the College of Physicians, Ireland, on the above drug, consequent on a paper read before the Society by one of its members. The experience of the members agreed generally with the results of the profession in other parts of the kingdom as to its value as a hypnotic and sedative of the first class. Instances were detailed of its efficacy in the sleeplessness of phthisis, in neuralgia, acute maniacal attacks, affections of the bladder and urinary organs, and in fever; in the latter case, five to ten grains as a dose were recommended as amply sufficient. Some of the members had given as much as eighty grains and upwards in one dose without any bad symptoms occurring; whilst, on the other hand, a case was mentioned in which the patient nearly died from the effects of a dose of fifty grains, the chloral causing a severe attack of cardiac syncope.

MEDICAL EVIDENCE IN POLICE PROSECUTIONS.

THE disgusting case under examination at Bow-street has interest of a certain kind for the psychologist and for the student of history. We are, however, only concerned with the medical evidence; and that given by Dr. Paul and Mr. Barwell leaves little doubt that the lower bowel of both the persons under trial is diseased, but it must be for the jury to determine from what cause that disease results. Dr. Paul's position as the medical referee of the police is a perfectly unassailable one; but Mr. Barwell's is a little more equivocal from a professional point of view, since he has been forced to identify a *quondam* patient, and divulge the nature of his affection, and the probable cause of it. We are in a position to state that Mr. Barwell's appearance in the witness-box was perfectly involuntary, and that he was most unwilling to be mixed up in such an unpleasant business. In consequence of information which reached the police, they applied to two medical officers of the Charing-cross Hospital to know if they had lately treated any cases of syphilitic disease of the rectum, and Mr. Barwell was obliged to allow that such a case had been under his care. The police insisted upon his accompanying them to see if he could identify his patient, and threatened legal compulsion if he refused. The result was the identification of a man who had attended among the out-patients of Charing-cross Hospital for some weeks, with undeniable chancres of the rectum, and Mr. Barwell was thus most unwillingly made a witness for the Crown.

The question arises whether the medical officers of a charity, or in fact any medical man—*ought* to be called upon to supply evidence for the purpose of police prosecutions. Medical men have before now refused to give evidence on matters regarded by them as confidential, and have, in consequence, suffered in pocket,—as, e.g., Mr. Kendall, of Lynn, who was mulcted in the sum of £30, the costs of an argument before the late Vice-chancellor Kin-

deraley, who decided that he was bound to answer the question asked of him. On this subject Dr. Taylor, in his standard work on Medical Jurisprudence, remarks:

"Some medical men have claimed a privilege not to answer certain questions which were put to them, on the ground that the matters have come to their knowledge through private and confidential communications with their patients. It is right to state at once that the law concedes no special privilege of this nature to members of the medical profession."

THE BRITISH MEDICAL ASSOCIATION.

THE annual balance-sheet of this Association, published in the *Journal* of the 14th inst., shows the subscriptions during the year to have amounted to £3471 12*s.*; which, when divided out into guineas (the amount of the annual subscription), gives 3306 paying members, with a balance of 6*s.*, for which we find it difficult to account. Still more difficult do we find it to reconcile this official statement, signed by the treasurer and auditors, with a notice "to advertisers," which has constantly appeared in the advertisement columns of the *Journal*, that "it is transmitted direct from the office to *four thousand* members of the British Medical Association." When, however, we find that the *printing* bill *alone* amounts to £3626, or £155 *more than* the amount of subscriptions, it becomes evident how important it is to increase the advertisements at all hazards; and, in fact, it is from this source that nearly the whole of the working funds of the Association are derived.

The entire *Journal* expenses amount to £4961 15*s.* 10*d.*, and the executive expenses of the Association to £525 2*s.* 10*d.*, among which the general secretary is put down for the disproportionate sum of £364 9*s.* The scientific grants consist of two items only, and amount to but £15; and there is in the hands of the treasurer a balance of £13 7*s.* 11*d.* If this is a result satisfactory to the promoters of the Association, we have nothing further to add.

MR. MARK LEMON.

ASSUREDLY there will be few amongst us who will not receive with deep regret the intelligence that the editor of *Punch* has passed away to join his old associates, Jerrold, A'Beckett, and Thackeray, in "that great world unseen" whither we are all tending. One of the original projectors of a journal which has acquired a world-wide reputation, and for thirty years its editor, Mr. Lemon's death will leave a blank in the literary world not easily to be supplied. Of his genial and thoroughly English character as a private individual it is unnecessary that we should speak, for to those who were favoured with his acquaintance those traits were manifest, while to strangers personal characteristics have only a minor significance. But of his remarkable qualifications for the post he had so long occupied, a word may be said in amplification of the inferences deducible from the general tone of the journal he conducted. His kindness to aspirants, even when he had to give decisions adverse to their hopes, his judicious fostering of rising talent, his shrewdness and knowledge of men, his *bonhommie*, all these qualities enabled him to drive his *Punch* team with silken reins. And it is worthy of remark in these days, when the evidences of a vitiated popular taste are so apparent, that never since its establishment has *Punch* contained a line which a lady might not safely read. This was a principle which Mr. Mark Lemon most scrupulously adhered to, as the following incident, communicated to us by a personal friend, amply testifies. On one occasion he had to leave town for his residence at Crawley before the week's number of *Punch* was ready for press, but he stipulated that a proof should be sent to him late on Saturday night. He got the proof as he was going to church, and on hastily glancing over it he detected a *double entendre*. He at once took train to London, hunted up the printer, and had the objectionable matter removed, substituting for it something which he wrote on the spur of the moment. To this jealous watchfulness *Punch* has been indebted for its great reputation. The follies and vices of the age have been at all times unsparingly dealt with by "our facetious contemporary," but justice has always been tempered with mercy, and sarcasm has never degenerated into spite. Mr. Mark Lemon's loss will be felt by readers of *Punch* in every quarter of the globe, and their name is legion.

AMENDMENT OF THE VACCINATION ACT.

THE member for Sunderland, Mr. Candlish, has brought in a Bill to amend the Vaccination Act of 1867 in the direction of limiting its severity of compulsion. The principal clause in this Vaccination Act (1867) Amendment Bill is clause 3, which runs thus: — "No more than two orders shall be made under the 31st section of the Vaccination Act, 1867, for the vaccination of any one child." The simple effect of the passing of this Bill would be to limit the penalty for non-compliance with the Act to two pounds. We willingly admit the apparent moderation of the proposal of the honourable member for Sunderland; but we cannot approve his suggestion. The State, by the Vaccination Act, simply designs to prohibit people having small-pox. And if it is right to compel people to be vaccinated, it is right to be despotic and absolute in the compulsion. The country is gradually perceiving the great wisdom and benevolence of this piece of legislation, and we hope that Mr. Candlish, who is far too wise a man not to share this perception, will not push clause 3 of his Bill, or do anything to justify the few hopeless people who look on small-pox as a blessing and vaccination as a curse in expecting any recognition of their views by Parliament. With nearly 200 deaths from small-pox a week in Paris, and a serious increase in the mortality from it in London (almost confined to the unvaccinated), it is no time to be tampering with the Vaccination Act. The only other proposal of this short Bill is to alter the certificate of unfitness for vaccination, and to enact that a copy of any certificate may be used by a defendant as evidence. We see nothing to object to in this proposal.

ANALYTICAL AND SYNTHETICAL INTELLECTS.

IN the course of a very interesting article on Darwinism in Germany, contributed to the last number of the *North American Review* by Mr. Brace, the author of the "Races of the Old World," there occurs a passage which, if true, may bring some consolation to those who are accustomed to see all German scientific work held up to admiration, and but scant praise, if any, accorded to the results of English labour. Mr. Brace observes that "The German scientific mind is separated intellectually into two divisions: the specialists, who care little for any philosophic conclusions; and the generalisers, who are mainly *à priori* thinkers, and eager to establish some theory of their own. The laborious and careful collation of facts, and the patient and scientific effort to deduce the truth, and only the truth, from these various phenomena, seems to be a mental position not very familiar to the present scientific mind of Germany."

Goethe, moreover, no doubt from the study of his own countrymen, had come to a similar but more generalised conclusion, before Mr. Brace; for, as Mr. G. H. Lewes reminds us in one of his able papers in the *Fortnightly Review*, on Mr. Darwin's Hypotheses, he pointed out, in his review

of the controversy between Cuvier and Geoffroy St. Hilaire, that there are two orders of intellect—the analytical, which attaches itself more readily to differences, and the synthetical, which more readily appreciates resemblances: "the one is apt to lose its hold of the law in grasping at all the details; the other is apt to lose sight of the details in trying to trace out the law. Both have their strength and both their weakness. Laws are but organised facts; facts are the elements of laws."

Such being the case, if any intellect of modern times can be truly said to have attained "the golden mean"—and a German, we are sure, would be the last to gainsay it,—it is that of our own Darwin.

REPRESENTATION OF THE MEDICAL BODIES IN THE MEDICAL COUNCIL.

OUR readers will be gratified to learn the progress which the view we have advocated, as the one most likely to succeed, for the election of the Medical Council on an enlarged basis, is making in Scotland. Committees of the College of Physicians, the College of Surgeons, and the Faculty of Physicians and Surgeons of Glasgow, have agreed to recommend,—"That the representatives in the Medical Council for universities shall be chosen by the medical graduates, and the representatives in the Medical Council of the corporations shall be chosen by the licentiates, members, and fellows." This speaks well for the northern corporations; but as yet the universities have made no sign. What do their graduates say to this? This reform is inevitable, and the principle should be extended in various directions. It is creditable to the Scotch corporations to have taken the initiative in this matter.

THE CHAIR OF MIDWIFERY IN EDINBURGH UNIVERSITY.

A TESTIMONIAL has originated spontaneously among the former and present pupils of Dr. Matthews Duncan, urging on the Curator of the University of Edinburgh his great fitness for the chair of Midwifery in the University. Already 300 signatures have been obtained, many of the names being well known to the profession. Dr. Duncan's other testimonials include many from representative members of the profession in England, France, and Germany.

We may here state that in addition to the candidates for this chair mentioned in our last number, Dr. Thomas Cairns, of Edinburgh, a general practitioner who has devoted particular attention to uterine disease, has entered the field.

SMALL-POX IN PARIS.

OF the magnitude which the present epidemic of small-pox has attained in the French capital some idea may be formed when we state that the deaths returned last week numbered 195, being an increase of 16 on the previous week's return. The population of Paris is less than half that of London, yet the maximum number of deaths occurring in the latter city during any week of the year of greatest small-pox fatality for a third of a century never reached 100. No less than 1940 fatal cases have occurred in Paris in the twenty weeks elapsed of the present year, a mortality equivalent to an annual death-rate of 2·7 per 1000 of the population, the corresponding ratio for London being 0·1 per 1000.

There appears to be not the slightest question that this most lamentable state of things in the French capital is attributable to the neglect of vaccination. Nobody doubts that the relative efficacy of animal, as distinguished from human vaccine, is an important scientific question; but it is unfortunate (to say the least) that the public mind of the Parisians should have been unsettled, and their faith in the Jennerian principle shaken, at a time when small-pox is raging epidemically in their city. Who will venture to say, with a knowledge of what is now occurring in Paris, that a law rendering vaccination compulsory is not humane, politic, and necessary to the well-being of every civilised community?

PRÆGNATIO MULIERUM ARTIFICIOSA.

GIRAULTIUS medicus, post multa experimenta ante hos triginta duo annos incepta, effecit ut mulieres octo, semine in uterum artificiose injecto, fierent prægnantes. Spallanzanium et Rossium pro certo habemus hoc modo canem feminam fecisse prægnantem; Harleium autem Londinensem eodem proposito excidisse. Qua ex re conclusum est experimentum idem in mulieribus factum posse succedere,—in iis potissimum quarum uteri, de proprio situ demoti, semen intra decimum quam menstruarant diem, naturali modo excipere non possunt. Marionus Simsius igitur, post complura in una muliere experimenta, propositum assecutus est.

Inter omnes constat spermatozoa humana horas quinquaginta vim conservare vitalem; ex quo efficitur ut prægnatio artificiosa tanto certior eveniat quanto scientius et opportunius facta sit seminis injectio. Giraultius igitur, quum animalia multa inferiora fecisset prægnantia, mulieres, Flourentio hortante, reddere artificiose prægnantes suscepit. Per libellum intra hos paucos dies emissum nos fecit certiores quo et quanto successu octo mulieres reddiderit prægnantes. Quibus ex rebus effici cogique potest ut mulieres, æque atque animalia inferiora, sine ullo periculo semen extemplo in uterum excipere et prægnantes fieri possint. Spermatozoa humana, vim vitalem quadraginta horas et amplius conservantia, iter per uterum et tubas Fallopianas faciunt atque nanciscuntur ovaria, ubi ovum, si semel inciderint, reddunt fecundum.

Utrum Giraultius necne successerit, nobis non certum est. Experimenta ejus, utpote quæ fallaciis obnoxia, alio prius confirmanda sunt testimonio quam doctrina ex iis deducta apud naturæ curiosos valere possit. Quod ad jurisprudentiam (ut ita dicamus) medicam attinet, quæstio in controversiam vocata momenti est maximi.

HEAD DISEASE AND SCHOOL PUNISHMENT.

WE have read the particulars of the inquest on Marmaduke David Llewhellyn, aged eleven years, of the parish of Manorbrei, near Pembroke, and who died of head disease, with a swelling the size of a pigeon's egg on the back of the head, such as would result from a blow or a fall. He came home on March the 24th, and declared that his schoolmistress had struck him over the head with a stick. The evidence on this point—that of children of the school—was conflicting and unsatisfactory; but ever since he had complained of his head, and at length died on May 15th. It should be said that so far back as Christmas the boy was attended by Mr. T. H. Newsam, for delicacy, general debility, and occasional headache. This gentleman, who had also attended him in his last illness, said that it was characterised by great headache, the above swelling, nervous excitement, twitchings of the muscles, and partial loss of vision. At the post-mortem there was found a clot of blood on the brain, corresponding to the swelling of the scalp, about the size of half-a-crown. "On opening the lateral ventricles" (we give the words of the newspaper report, because they describe appearances certainly not common) "was found about three or four ounces of pus (corruption)." The verdict was "that death ensued from

natural causes (softening of the brain), accelerated by a blow or a fall on the head, but by whom given there is no evidence to show." We approve of the verdict. The report of the post-mortem examination contains no account of tubercles in the meninges, though in such a case we should have expected them. The mistress admitted boxing the boy's ears, and striking him on the shoulders, but denied having ever struck him on the head. The case should be a warning to teachers against striking children, especially if at all delicate. It is quite probable that this boy's illness began about Christmas last. But it would be rather helped than hindered by such treatment as the mistress seems to have applied.

SIR THOMAS WATSON.

THE progress of Sir Thomas Watson has been uninterrupted; he is gradually regaining strength, and in the course of a few days he will leave town for Weybridge. The profession will be interested to learn that Sir Thomas has resumed the work of preparing a new edition of his Lectures, a large proportion of which has already passed through the press.

MR. BRIGHT.

WE are glad to be able to state that Mr. Bright's health has materially improved during the last four or five weeks which he has spent at Llandudno. His progress has been satisfactory, although it has been somewhat retarded by a sharp attack of lumbago. He is enabled to take a large amount of out-door exercise, but abstains from all mental work. We believe that Mr. Bright intends to remain at Llandudno for some weeks longer, as he feels much benefited by the change.

POOR-LAW MEDICAL APPOINTMENTS IN THE CITY.

THE guardians of the City of London have finally arranged to make the following appointments in the six districts into which the union is now divided: Mr. Alfred Thompson to No. 1, Mr. J. W. Mason to No. 2, Mr. Frederick Wilson to No. 3, Mr. John Elliott to No. 4, Mr. F. Gordon Brown to No. 5, and Mr. F. B. Humphreys to No. 6. The salaries are provisionally fixed at £140 per annum for each medical officer. Although it was, of course, impossible to reappoint all the former officers, there being nine applicants for the six districts, we confess to some considerable astonishment that Dr. Fowler, the senior medical officer, has not obtained a place. Dr. Fowler has rendered great services to the district in which he resides, and has taken a deep interest in the question of Poor-law medical reform. It would almost seem that to do so is to ensure rejection. But it is not yet too late to remedy the matter. The appointments could not be made last week for want of notice, and it may be that Dr. Fowler will still find someone to do justice to his claims.

NATIONAL HOSPITAL FOR DISEASES OF THE CHEST AT VENTNOR.

AT the City Terminus Hotel, Cannon-street, on Wednesday, the 25th inst., the Right Hon. Sir Lawrence Peel (in the unavoidable absence of the Lord Mayor), supported by the Sheriffs of London and Middlesex, presided at the anniversary banquet of the National Hospital for Consumption and Diseases of the Chest. The company was a numerous and a brilliant one; and much gratification was evoked by the Chairman's eloquent and touching description of the success of the treatment pursued on the separate or cottage principle, under the auspices of Dr. Arthur Hill Hassall, the founder of the hospital. Among the many institutions for benevolent and sanitary objects which have earned a claim to the support of the nation, few have been more deserving of such recognition than that which enjoys the skilled and genial surveillance of Dr. Hassall, whose speech, in reply to the toast of the evening, gave striking testimony to the efficacy of the cottage system in consumptive cases. Nearly £3800 was subscribed before the company separated.

WESTMINSTER SCHOOL.

AT this illustrious foundation the annual election of scholars to the universities was held on the 24th inst., when Mr. A. B. Sharpe, son of Dr. Sharpe, of Worthing, and Mr. H. G. Barron, son of Dr. Barron, of Southport, were nominated by the Dean of Christ Church, Oxford, to studentships of the House; and Mr. T. Wakley, son of Thomas Wakley, Esq., F.R.C.S., of Arlington-street, and grandson of the projector of this journal, was nominated by the Master of Trinity to one of the exhibitions at Trinity College, Cambridge. We have peculiar pleasure in calling attention to the fact that, after a competition of unusual severity for the three studentships and the three exhibitions respectively, two of the former and one of the latter were gained by the sons of medical men.

OUT-PATIENT HOSPITAL ADMINISTRATION.

AN adjourned conference of representatives from the various hospitals with schools of medicine attached will be held at Dr. Meadows's house, George-street, Hanover-square, on Friday, June 3rd, at 8 P.M. The opinion of the conference will be taken on the following subjects:—

1. The general proportion of slight to serious cases.
2. The social position of the out-patients and the question of imposition.
3. What should be the limit of time for the attendance of the staff, and what number of patients should they undertake to see?
4. How can the teaching power of the out-patient department be improved?
5. Is it desirable to establish any (and, if so, what) relation with other medical charities or with the Poor-law officers?
6. Are gratuitous consultations desirable?

We are requested to express the hope that the various hospital staffs will depute one member at least to attend this conference, in order that their views may be properly represented.

THE COLLEGE OF SURGEONS.

THE following are proposed to be added to the Bye-laws of the College of Surgeons in order to carry out the resolution of the Council of the 22nd March, separating the examiners in anatomy and physiology from those in surgery:—

SECTION .—*Examinations in Anatomy and Physiology.*

"1. The Council shall, under such regulations, and for such time or period as to them shall seem proper (but always subject to removal at the pleasure of the Council), appoint such persons as they may think proper for the purpose of conducting examinations in anatomy and physiology of candidates for the diplomas of Fellows and Members.

"2. The examinations in anatomy and physiology to be required of all candidates for the diplomas of Fellows and Members respectively shall be held at such time and shall be conducted in such manner as the Council of the College shall from time to time direct.

"3. The Council shall have power to accept from any candidate, in lieu of such examination in anatomy and physiology, any degree, diploma, licence, or certificate of any university, college, or other public body whose degree,

diploma, licence, or certificate the Council shall decree to be equivalent to the passing of such examination."

It is proposed, also, to modify Section 11, so as to reduce the emolument of examiners by one-half—i. e., from an equal share of five guineas to a share of two and a half guineas for each candidate examined.

POOR-LAW MEDICAL RELIEF IN BIRMINGHAM.

MR. BROMLEY DAVENPORT has moved for the production of all the documents relating to the disgraceful state of Poor-law medical relief in Birmingham, and for the correspondence which has taken place between the guardians and the Poor-law Board. This is satisfactory. We are of opinion that nothing is so well calculated to place the Poor-law service on a better footing as complete publicity.

THE appointments have been gazetted of the Duke of Devonshire, Marquis of Lansdowne, Sir J. Lubbock, Sir J. Kay-Shuttleworth, Mr. B. Samuelson, Dr. Sharpey, Prof. Huxley, Prof. W. A. Miller, and Prof. G. G. Stokes, as a Royal Commission to make inquiry with regard to Scientific Instruction and the Advancement of Science; and to inquire what aid thereto is derived from grants voted by Parliament or from endowments belonging to the several universities and colleges in the United Kingdom, and whether such aid could be rendered in a manner more effectual for the purpose.

THE Committee for arranging the meeting of the British Medical Association at Plymouth in 1871 have decided to nominate Mr. John Whipple, F.R.C.S., as the president for that occasion.

THE Report on the late Cattle-plague Epidemic, by the Veterinary Department of the Privy Council, has just been laid before Parliament. It appears to be a very elaborate and complete history of the subject, and illustrated—we might almost say profusely illustrated—by admirably executed chromo-lithographs and sketches representing various morbid appearances in this and the other epidemic diseases of cattle. This series of illustrations has been prepared from those originally made by Professor Brown. We hope to have an early opportunity of noticing the Report more fully.

THE lady medical students at the University of Edinburgh have commenced a course of practical pharmacy (separate class) at the Royal Dispensary, West Richmond-street, under the tuition of the apothecary, Mr. Urquhart.

THE annual meeting of the United Hospitals Athletic Club will be held at Brompton on Thursday, the 9th of June, when fifteen "events" will appear in the programme. We may remark that the attendance of ladies is anticipated, and that a band will be provided for their entertainment should their zeal for muscular exercises slacken in the course of the afternoon.

A SPECIAL meeting of the Pathological Society has been summoned for Tuesday, the 7th of June, to determine finally the action of the Society in reference to the scheme of amalgamation proposed by the Royal Medical and Chirurgical Society.

SMALL-POX was more fatal last week in London than in any week since the beginning of 1868: 19 fatal cases were registered; 12 of them in the Small-pox Hospital, and nearly all these latter occurring to unvaccinated children or adults.

DR. F. DE CHAUMONT, of the Army Medical School, Netley, delivers a lecture this afternoon (Friday) at the Royal United Service Institution, Whitehall-yard, "On Military Hygiene." Sir T. Galbraith Logan, K.C.B., M.D., the Director-General of the Army Medical Department, will take the chair at 3 P.M.

THE TRAGEDY NEAR UXBRIDGE.

Brief Digest of the Post-mortem Examination of the Victims. By J. S. FERRIS, M.B. *Assisted by* Messrs. MACNAMARA *and* PRATT, *of Uxbridge, and* Dr. CORNELIUS FOX, *of Scarborough.*

MAY 24th, 2 P.M., in all probability about sixty hours after death.—Rigor mortis of bodies.

Emanuel Marshall, the father, aged thirty-five, engineer. —*Face:* Four deep lacerated and contused wounds, the largest being of a triangular form, and situated across the chin. They were evidently produced by some blunt instrument, such as a large hammer. Both superior maxillary and inferior maxillary bones were smashed into fragments, the former being fractured even to their orbital plates.—*Head:* Five incised lacerated wounds through scalp, two of which, each about an inch and a half long, were situated over left parietal bone, one being transverse, and the other vertical. A third oblique wound was situated over the upper part of the occipital; the fourth (oblique) over the upper part of the right temporal bone, an inch and a quarter long; and a fifth, about three or four inches behind the last mentioned. On removing skull-cap, great effusion of blood over the whole surface of the pia mater. Transverse fracture of the base of the cranium, involving the petrous portions of both temporal bones, and extending through the body of sphenoid, thus completely dividing the skull in half. Scalp wounds probably produced by poker, and facial injuries by sledge hammer.

Mary Marshall, aged seventy-seven, grandmother.—*Face:* Contusion over right eye, and inner angle of left.—*Head:* Blood oozing from left ear. Four scalp wounds, deep and lacerated, two of which are angular, one at the upper part of frontal bone, and the other behind right ear. Over the middle of right parietal bone a vertical wound, three inches long, behind which another vertical cut of same size. Fracture of right frontal and parietal bones. Much effused blood between membranes of brain, especially on left side, where there was a large clot. Fracture of both temporal bones, extending along base of skull, through the great wings of sphenoid. These injuries probably produced by sledge-hammer, or back of axe.

Gertrude Marshall, aged four.—*Face* uninjured; blood oozing from nose, mouth, and ears.—*Head:* Two small cuts over left temporal bone, through the scalp. On removing scalp, left temporal, occipital, and right temporal bones stove in, and fractured in all directions. Frontal bone the only cranial bone intact. Many fragments of bone detached; much extravasation of blood over right side of brain. The whole injuries probably produced by one blow of a sledge-hammer on left side of head.

Thirza Marshall, aged six.—*Face* uninjured.—*Head:* Wound of scalp and protrusion of brain at junction of right parietal and occipital bones. Blood oozing from right ear, behind which was a small cut. On removing scalp, two pieces of bone, an inch and a half in diameter, and some smaller pieces, were found detached. Right parietal literally smashed into fragments; also fracture of left parietal. Open space, five inches by four, made by taking away loose pieces of bone. Occipital bone smashed even down to foramen magnum. The whole of the injuries probably produced by one blow of sledge-hammer on right side of head.

Mary Marshall, aged eight.—*Face:* Deep angular wound at outer angle of right eye. The right malar, right superior maxillary, and inferior maxillary bones fractured into pieces.—*Head:* Semicircular incision of scalp five inches long, that almost completely detached right ear from head; small cut over centre of right parietal bone; two cuts, one three inches and the other two inches long, over occipital bone, near which was a starred cut. The first wound made probably by sledge hammer, the three next by poker, and last-

named could not have been done by any instrument yet found. On removing skull-cap, a small triangular punctured fracture at junction of left parietal and occipital bones, with depression of inner table. Right temporal bone as far as the articulation of lower jaw completely smashed and torn from the frontal, the orbital process of which was also broken into fragments, one of them penetrating deeply into the brain. Great extravasation of blood at base of right hemisphere. Petrous portions of both temporal bones fractured, the fracture extending along the base of the skull, through the sphenoid; the base of skull thus divided into two portions. These fractures probably done by sledge-hammer.

MAY 25TH, 7 A.M.

May Ann Marshall, aged thirty-two, sister. No rigor mortis.—*Face:* Vertical wound at outer angle of left eye one inch long; incisor, canine, and bicuspid teeth of upper jaw knocked into the mouth.—*Head:* Incised wound (an inch and a quarter long), at commencement of parting of hair; incised wound, three inches long, over right parietal bone; an immense amount of extravasated blood between scalp and cranium, especially on left side. Large starred fracture at anterior part of right parietal bone, with separation of the fronto-parietal suture on left side, connected with an aperture in longitudinal sinus; underneath the dura mater was a large quantity of effused blood, especially over temporal fossa; fracture through orbital plate of sphenoid and orbital plate of frontal on the right; separation of suture between wing of sphenoid and left temporal bones. Injuries probably produced by the sharp axe.

Charlotte Marshall, aged thirty-one, wife. Some rigor mortis remaining.—*Face:* Left upper eyelid bruised; blood about left ear.—*Head:* Four wounds; transverse jagged wound about two inches above right ear; an oblique incision (three inches long) over upper part of occipital, another about the same length over the interparietal suture, whilst a fourth, jagged and vertical, was on the left of centre of occiput. Great extravasation of blood over right parietal; right temporal bone smashed, the fracture extending through right parietal into interparietal suture; clots of blood between membranes of brain on left side. The fracture of right temporal extended across the base of the skull to the greater wing of the left sphenoid through the sella Turcica.

Weapons discovered:—Blacksmith's sledge hammer, with a handle a foot in length; fragments of the parlour poker; woodman's axe. These were smeared with blood.

Probably a sharply pointed instrument, with extremity of a triangular form, remains undiscovered.

With the exception of a bruise on the palmar surface of the left hand of Emanuel Marshall, no injury was discoverable to the bodies or extremities of either of the victims. The faces of all were more or less smeared with blood, and showed no indications of suffering. That of Emanuel was, in addition, covered with ashes, over which he had doubtless been dragged.

The principal points of medico-legal interest in connexion with these examinations are to be found in the uniformity in the character of the injuries found on post-mortem inspection, and the similarity in the mode by which they were caused. Five out of the seven victims evidently received blows from the sledge hammer on one or other side of the head, and exhibited on examination extensive transverse fractures along the base of the skull from one temporal bone to the other, including some portion of the central parts of the sphenoid. The remaining two (children) exhibited such extreme comminuted fractures as to defy description.

TESTIMONIAL TO MR. PARTRIDGE.—Few teachers of anatomy or surgery have deserved more at the hands of the present generation of practitioners than Richard Partridge, Esq., who, after many years' efficient tenure of the post, has resigned the surgeoncy of King's College Hospital. A testimonial is, accordingly, about to be presented to him; and the preliminary steps for that purpose will be taken at a meeting to be held on the 9th of June at King's College Hospital, under the presidency of Mr. Henry Lee, its first house-surgeon.

THE "Surrey County Times" states that measles is now very prevalent in the parish of Shalford, upwards of seventy cases having occurred among the National School children during the past week.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—I write to ask you to correct a misprint (?) which occurred in your journal of the 21st inst. Had the writer been as conversant as you no doubt are with the practice of the College of Physicians, he could not have used the expression *intentionally* that it was "amusing to witness" what occurred at a meeting of the Fellows. The only witnesses are the silent records of the past. We are not yet, as a body, convinced that the knowledge of our proceedings, conveyed through the medium of the press, would countervail the evil of our being tempted to talk to the reporter's gallery, which may at some future date be a recognised institution, but is as yet only in the womb of time. Perhaps when that day comes, the readers of THE LANCET may know more of the doings of the College than they can gather from the meagre information which I regret to see has been doled out in the paragraph alluded to. It is not impossible that posterity may judge differently of their motives as well as their conduct. There are times in which a minority may contend in vain for a true principle, as well as times in which the voice of the majority is the voice of truth; and it is possible that sinister motives may not influence the votes of either party.

As one of those who have committed the unpardonable offence of objecting to three new licensing boards being added to the present babel of examinations, permit me to say that since the passing of the Medical Act no effort has been left untried by the College of Physicians to compass the one examination system; but it has been consistently pursued on the basis of union, not of discord. The view of the adviser of the Privy Council may be right that it is wisest and best to scatter men as Government licentiates broadcast over the country, with no bond of union, no *esprit de corps*, no mutual check on each other's conduct; but I contend that I have at least the right to entertain a contrary opinion, and to believe that such a course will tend to degrade the profession, and that, if the small amount of self-respect which is still left to us be preserved at all, it will be preserved in one of two ways—either men will still cling to the old corporations, or they will form a new one.

Had there been anything like unity among medical reformers, they might have, ere this, removed many abuses, remodeled existing corporations so far as necessary, and reformed the Medical Council. Unfortunately, reconstruction is apt to be lost sight of in demolition, and too often the cry is raised by those who are perhaps unjustly suspected of hoping to get something for themselves in the universal scramble. The destructives are generally the loudest in their talk, and are sometimes taken at their own estimate of themselves as the mouth-pieces of the profession. Legislation might have been more profitably turned to account than it has been, if the propositions for reform had taken a more practical turn. It might have been possible to have obtained more control of their own affairs for the Fellows of the College of Surgeons, and to have extended the present narrow limits of the College of Physicians, without every one who holds their licence calling himself a physician.

In conclusion, I can only say that if your correspondent was an amused witness of the proceedings, the suggestions he makes regarding the action of the College must apply to himself as belonging to that body, and I do hope that he does not judge others by his own standard. For myself I repudiate the imputation of having adopted liberal views with the motive of gain, and of having retreated from any step in advance which has been taken; and I believe that honesty of purpose has dictated the vote of every Fellow, whether it has been recorded with the majority or the minority in all the questions which have recently divided our opinions. I have yet to learn that any society

or corporation has given more time or more careful consideration to these topics than the College of Physicians.

I am, Sir, your obedient servant,

A. W. BARCLAY,
Censor, Roy. Coll. Phys.

Bruton-street, May 23rd, 1870.

*** Upon this letter we have a few comments to make. In the first place, the idea of secrecy as to the proceedings of the College of Physicians has been long abandoned by all except those who cling, as we regret to perceive that Dr. Barclay clings, to the bad old tradition that the corporations are clubs, instead of national institutions. We have, therefore, naturally informed ourselves of what took place at the recent Comitia; and we have only to repeat that the *ipsissima verba* of the first report of the Council (as quoted by the Registrar), and of the scheme subsequently recommended by the Council, after the overtures of the College of Surgeons had been received, are in flat contradiction to each other. If the motives of the Council in making this abrupt change of front have been misinterpreted by us, the fault is their own. And we will add that the extreme readiness of Dr. Barclay (or other members of the conservative party in the Council, whose sentiments he quotes), to assume or suggest that the reformers are "hoping to get something for themselves in the scramble," cannot fail to provoke the suspicion that self-interest is the first motive which occurs to that party when changes are mooted. Finally, we cannot help expressing our surprise that any intelligent person can be found to reiterate the astounding assertion that the corporations have done anything to keep up the standard of ethical dignity in the profession. They have never so much as lifted a finger to do it. Nay, more: the degradation of the lowest ranks of the profession could never have reached its present deplorable pitch, but for the immoral sanctions which the corporations have extended to a class of men whom any decent examination would at once have shown to be utterly unfit to do anything better than what, in fact, forms the bulk of their actual work in life—namely, selling tooth-brushes and quack medicines, and attending five-shilling midwifery cases.—ED. L.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I observe from the numerous letters of your correspondents that there is a great diversity of opinion, not only as to the therapeutic value, but also as to the least nauseous and most palatable mode of dispensing the hydrate of chloral; and having had unusual opportunities of prescribing this valuable remedy in cases of mental disease for some time past, with very marked effects, I thought that a few remarks, the result of actual observation, might not be unacceptable to your readers.

I have given the hydrate in doses varying from ten grains to two scruples. In the smaller doses the effect has been uncertain, and on the whole unsatisfactory; but in doses of two scruples I have only once observed the drug to fail in producing the desired sleep, and this was in a case of general paralysis in a female, accompanied with considerable excitability and insomnia, and in which large doses of opium, morphia, hyoscyamus, nepenthe, and other specific narcotics and sedatives, had been administered with an equally abortive result.

I have found it more particularly useful in cases of puerperal mania, in which opiates have utterly failed to induce sleep, and also in cases of chronic maniacal excitement in old people, accompanied by insomnia; but in these latter cases the smaller doses have more frequently produced the sought-for effect. The duration of the sleep and the time of its occurrence have varied considerably, in many cases occurring within ten or fifteen minutes of administering the drug, whilst in others from one to three hours have elapsed before any effect has become apparent; and the duration of sleep induced has ranged between two and eight hours; the average has, however, been a medium between the two limits. I have myself taken experimentally forty-grain doses, and sleep has, on each occasion, occurred within half an hour of partaking of the hypnotic, and continued for upwards of eight hours, the result being that of having passed a sound refreshing night's sleep, with no unpleasant after-effects. I should be glad to know whether any of your readers have observed an unusual pallor of the countenance during its action; this I have frequently noticed, although the pulse has continued as before the exhibition of the drug.

I may be allowed to add a few words with regard to the least nauseous mode of administering this valuable hypnotic, although I should premise my remarks on this head by stating that my sick friends have either been hyper-fastidious, or utterly regardless as to its taste. I have dispensed the hydrate with glycerine, orange-water, syrup of tolu, and peppermint-water, as recommended by Mr. Squire, the latter mode of preparation being very palatable, and even agreeable to the poorer class of patients, amongst whom my observations have chiefly been made; but I must not omit to mention that I have of late restricted myself to Ferris's syrup of chloral, which appears to me to be the most successful mode, so far, of disguising the flavour of this rather nauseous remedy.

I am, Sir, your obedient servant,

G. STANLEY ELLIOTT,
Late Assistant Medical Officer, Worcester County Asylum.

Coton-hill, Stafford, May, 1870.

To the Editor of THE LANCET.

SIR,—Now that hydrate of choral is being so extensively used, I think the *cons* as well as the *pros* should be fully known. My first experience of its efficacy has not been satisfactory. The following is the case in which I tried it:—

Miss S—— has been suffering for the last two years from neuralgia. When I first saw her about eight months ago, she complained of great pain in the supraorbital and intercostal regions of the left side. I tried without effect all the known nervine remedies. Seeing in your journal so much said about hydrate of chloral in nervous complaints, I determined to try it. I gave her at first ten grains, and ultimately increased it to thirty grains. It relieved the pain for a time, but after its effects had passed off my patient was subjected to the most excruciating headache, so much so that she became hysterical from the pain. She begged me not to give her any more chloral, and I have not given it. She has never been subjected to headache, and since the hydrate of chloral has been discontinued the headache has ceased.

I thought perhaps the foregoing case might interest some of your readers, for which reason I have intruded upon your valuable space.

I remain, Sir, yours, &c.,

C. E. H. ROGERS, L.R.C.P.

Carlton, Worksop, May, 1870.

UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—In that part of your account of the meeting of Convocation of the University of London which deals with the Matriculation Examination, it is implied that the majority of those present were in favour of the resolution submitted by the Annual Committee. The facts are, however, as follows:—After a long discussion on the resolution, it was proposed by Mr. J. Horne Payne, M.A., that the meeting should pass to the consideration of the next subject on the notice paper; the information in the hands of members being insufficient to enable them to come to a conclusion on the matter. A division was demanded on this motion, and so evident was the preponderance of members in its favour that, without counting the votes on either side, the chairman in a loud voice announced that the next business would be proceeded with. Many of those who voted for this course then left the room; but just as those who remained had settled down the chairman announced that the committee had demanded that the

votes should be counted. The result of this movement was that those who had voted with Mr. Payne found themselves in a minority of one.

Now, Sir, I think it must be evident to your readers that if the numbers had been counted when the division first took place the committee would have been in the minority.

I have thought it right to bring these facts to your notice because it was very strongly felt that the committee had not acted fairly in thus snatching a victory.

I am, Sir, yours, &c.,

May 20th, 1870. FRANCIS JOHN BUCKELL, M.B., B.S.

BROADMOOR ASYLUM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of last week you refer to a question I was about to put to the Home Secretary respecting the vacancy at Broadmoor as "evidently in the asylum interest."

I scarcely know what the expression means; but if it is intended to convey the suggestion that the question was prompted by those interested in private asylums, I have to state that this certainly was not the case.

Some knowledge of the treatment of criminal lunatics elsewhere, and the perusal of the strong language used by the Commissioners in Lunacy in reprobation of the course adopted at Broadmoor, led me to think that such a question at the time of a vacancy in the office of medical superintendent was not inopportune; but I am alone responsible for it.

I am, Sir, your obedient servant,

House of Commons, May 24th, 1870. J. A. LUSH.

ELECTRICITY IN MEDICINE.

To the Editor of THE LANCET.

SIR,—I beg you will allow me to correct a mistake in your report of the meeting of the Clinical Society on April 22nd, which makes me say exactly the reverse of what I did say. I am represented as stating that the result of the electrical treatment of certain patients whom I presented to the Society was "far from gratifying." The fact is that the success of the treatment was so very remarkable, more especially in one of these cases, that I had thought it a duty to bring them forward as the best possible answer to those who still doubt the positive therapeutic value of electricity. A very few years since such patients as the first of those whom I exhibited would have been hopelessly incurable.

I am, Sir, yours faithfully,

May 24th, 1870. FRANCIS ED. ANSTIE.

THE REFORM OF THE MEDICAL COUNCIL

To the Editor of THE LANCET.

SIR,—The suggestion lately made in your columns that room may be made in the Council by linking together the constituencies of the bodies now represented by separate members is so important that it ought not to be lost sight of. But I would go farther, reducing the number of the Council, and making it represent the profession, the Crown, and the educational authorities, the latter at the same time on an enlarged basis. I would propose a Council composed and elected as follows, giving to England, as at present, a number equal to Scotland and Ireland together:—For *Scotland*, four members: one appointed by the Crown; one elected by registered practitioners; one by the Universities, merging the medical faculties of the four universities into one constituency; and one by the three corporations, on the basis of the fellowship. For *Ireland*, the same and similarly arranged, the universities' constituency to include also the medical faculties of the three Queen's colleges. For *England*, eight members: two appointed by the Crown; two elected by registered practitioners; two by the universities, linking London and Durham in one constituency, Oxford and Cambridge in the other; and two by the three corporations, on the basis of the governing bodies and the fellowship. The members representing directly the profession and the Crown would thus be equal in number to those representing the corporations and the universities. To this Council of sixteen, though already large enough, might usefully be added the Director-General of the Army and the Director-General of the Navy medical departments, or a member of each of these boards, nominated by the Directors-General. This, with the president, elected by the Council itself, would form a council of nineteen. Such a Council would fairly represent all good interests, and would command confidence, which the present Council cannot be said to do; and it would talk less, act more, and cost the profession less money than the present Council does.

I am, Sir, your obedient servant,

May, 1870. S.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

HUMAN AND ANIMAL VACCINE.

IN one of my last letters I informed you that Dr. Lanoix, anxious to obtain a positive verdict from the medical body of Paris touching the much-vexed question of the relative value of human and animal vaccine, had convened his *confrères* of this city to discuss the subject in a deliberate manner. I need not mention *de novo* that this proposal was suggested by the considerable discredit which now attaches to animal vaccine on account of its notable failure during the present epidemic of small-pox. M. Lanoix, the propagator of the proceeding, being much interested in dispelling, if possible, the doubts which have arisen concerning the efficacy of cow-pox. This evening the first meeting will take place in the large gymnasium Paz, Rue des Martyrs, with the object of bringing together the experience of as large a number as possible of Parisian practitioners, and of thus elucidating the comparative worth of both kinds of vaccine. The following is the programme which will be submitted to the members for discussion, and which perhaps your readers will be glad to glance at:—1. Human and animal vaccine: their comparative value, their inconveniences (vaccinal syphilis, &c.) 2. On the necessity of performing revaccination in ordinary times and during epidemics. 3. Differences in the results of revaccination, according to age, temperament, condition of health or disease, and locality. 4. Receptivity in regard to variola as compared with receptivity in regard to vaccinia. 5. Can vaccine give rise to variola? (involving the question of secondary vaccine). 6. If an individual has sojourned in a variolic locality after a previous unsuccessful revaccination, may he contract a receptivity in regard to vaccinia which he had not hitherto manifested? 7. Are the manifestations of vaccine a proof that the virus has worked its best in the subject, and may the individual then be considered as being safe from an attack of small-pox? 8. At what period of evolution does vaccine (human or animal) possess its highest degree of virulence? 9. Value of vaccine taken from revaccinated subjects; cultivation of vaccine; children and heifers bearing vaccine. 10. Is it necessary that vaccine inoculated on the heifer be spontaneous cow-pox? 11. On the different modes of preserving vaccine. 12. On the instruments and proceedings of vaccinal inoculation; precautions to be taken after inoculation; organisation of a public service of vaccine.

THE SMALL-POX EPIDEMIC.

The mortality from small-pox is rapidly increasing, and yet the population of Paris seems to be now familiarised with the frightful visitor, and there is less talk and agitation about the epidemic than there were three or four weeks ago, when the deaths per week amounted only to about a hundred.

MEDICAL DETAILS TOUCHING M. VANDAL'S ACCIDENT.

You will doubtless have read in the political journals the details of the accident which has just befallen M. Vandal, the Director-General of the French posts. Perhaps a few medical details, furnished to me by one of his medical attendants, may be not without some interest. The head has been somewhat seriously injured, presenting numerous ecchymoses in the situation of the forehead, the temples, the eyelids, &c. There also exists a fracture of the last false ribs. Besides this there had been cerebral com-

motion during the first hour following the fall. Notwithstanding these various lesions, the medical attendants have discovered no functional disorders, and it is likely that no complication will take place.

PRIZES OF THE SOCIÉTÉ DE MÉDECINE OF LYONS.

This Society has chosen the following subjects for its forthcoming prizes:—"On Chloral: Clinical and Experimental Researches; Antidotes." 1200 fr.—2. "On the Climate of Lyons, and its influence on Local Endemics." 800 fr.

The memoirs must be sent in, with regard to the first question before October 31st this year, and with regard to the second before August 15th, 1871.

AGITATION IN FAVOUR OF THE FREE TEACHING OF MEDICINE.

The agitation in favour of the free teaching of medicine is being continued with considerable zeal and ardour. Every week the numerous partisans of the reform meet at Dr. Rambaud's private residence, where a programme of questions is drawn up for the following public discussion, which takes place on the next day, at a large gymnasium in the Rue du Bac. These meetings are well attended by the students of Paris, and by numerous distinguished journalists, publicists, medical men, &c. Much good work has been already done, and the active intervention of such talented orators and writers as Jules Guérin, M. Pascal, &c. (who constantly attend these meetings), will have been most effectual in the accomplishment of this necessary progress. In my next letter I shall enter into further details touching the programme which has been drawn up, and the proceedings of the most interesting of the *séances*.

Paris, May 24, 1870.

Obituary.

WILLIAM HOLMES JEPHSON, M.D.

(DEPUTY INSPECTOR-GENERAL OF HOSPITALS.)

BY the last Indian mail we find confirmed the melancholy news, previously announced by telegram, of the death of Dr. W. H. Jephson, Deputy Inspector-General of Hospitals, which occurred at Mean-Meer, in the Bengal Presidency, on the 7th ult., at the early age of forty-nine years.

We learn that Dr. Jephson had been suffering previously from frequent attacks of intermittent fever, and debility consequent thereon, engendered by the unhealthiness of the climate of the Punjaub district, coupled with long and almost continued service in India; notwithstanding which, regardless of his own person, this able and distinguished medical officer manfully bore up till within only a few days of his death in the execution of the onerous and important duties devolved upon him, thus increasing a malady which required for its relief repose both of mind and body.

Dr. Jephson had seen much active service, having, as appears by Hart's Army List, served with the 61st Regiment in the Punjaub campaign of 1848–9, and been present at the passage of the Chenab, at the battles of Soodalpore, Chillianwallah, and Googerat. He also served in medical charge of part of the 60th and 61st Regiments in the Eusopzye country, and subsequently on the staff, and with the 1st Dragoon Guards in the Crimea, including the siege of Sebastopol. He had a medal and two clasps for the Punjaub campaign, a medal and clasp for the Crimea, the Order of the Medjidie, and the Turkish medal. He entered the army in 1844, became full surgeon in 1855, surgeon-major in 1864, and deputy inspector-general in 1867.

We have every reason to believe that no man in the medical department of the army held a higher position for efficiency, skill, and talent than Dr. Jephson. The distinction which he had so deservedly earned was, we feel assured, recognised by the heads of that department. His high principle and sterling worth endeared him to those members of the army generally who knew him.

JOHN EDYE, Esq., M.R.C.S.

WE have to record the death, at Monte Video, of the above-named gentleman, who was for many years in considerable practice at Exeter, and was surgeon to the Devon and Exeter Hospital, the West of England Eye Infirmary, and the Institution for the Deaf and Dumb. Mr. Edye was amongst the many pupils professionally trained by the late Mr. Samuel Barnes, and after a period passed in the prosecution of his studies at St. Bartholomew's Hospital, he became in 1825 a member of the Royal College of Surgeons, a Licentiate of the Society of Apothecaries, and practised in Exeter for upwards of forty years. In September, 1867, after he had attained the age of threescore and six years, he went to Monte Video, where some members of his family had a few years previously established themselves, commenced professional practice there, and attained a most satisfactory amount of success. He received the sum of forty guineas for a consultation only a short time before his death. He was seized with apoplexy on the 20th of last month, and on the following day was borne to his grave, attended by nearly all the resident members of the medical profession both English and Spanish. Those who knew him in this country as the highly accomplished medical man, the able practitioner and skilful operator, being also a polished scholar and genial companion, ever ready with an apt classical quotation, redolent of wit and humour, will readily understand that he enjoyed a considerable amount of success; and the memorandum upon his career which we find in the leading journal of Monte Video from the pen of the President of the College of Examiners is a most gratifying expression of professional and personal appreciation. "Not three months since," says the writer, Dr. Miguel Garbiso, "with remarkable skill and wonderful nerve, he performed an operation for cataract in the Caridad Hospital on an unfortunate blind man, who recovered his sight in both eyes. In this same hospital we have had the honour of seeing him repeatedly, in spite of his years and the difficulties of the Spanish language (which he had not entirely mastered), for the purpose of visiting the sick, animated solely with the desire of doing good, and impelled by that thirst for knowledge which science inspires, and which nothing can check in the true physician. The faculty of London possessed in Mr. Edye one of its worthiest sons and most distinguished representatives. Should these lines meet the eye of his friends in England, or his fellow-workers, or the eminent men under whom he studied, if perchance any of them may yet be living, it will be a satisfaction to them to know that although the writer of this article is a physician, he is not from London, nor even an Englishman; that he has not had intercourse with Mr. Edye in private life; but the deeds and facts he mentions are a just tribute to the memory of an ardent disciple of Æsculapius, by one who has witnessed, examined, and collected from the professional life, private practice, and visits at the hospitals, that this distinguished gentleman of England and intelligent medical man, such as his honourable certificates proclaimed him to be, bore the same characters in Monte Video. This was the reason that, apart from the numerous friends of the family who accompanied the hearse, there were also to be seen all the members of the public board of health, the physicians of the hospitals, various pharmaciens, the students and officials of the Caridad Hospital, attracted by the respect and sympathy with which the noble presence of the aged gentleman inspired them, and whose decease has excited such deep concern. The members themselves of the public board of health, the chairman and committee, in turn with other physicians, including Dr. Hartig, Dr. Bond, and Mr. Cranwell, bore the coffin, testifying by their presence, and by this act, the affection, respect, and consideration that their honourable colleague merited." Mr. Edye was succeeded in his practice, at Exeter, by his son, Mr. Stonard Edye, who is also one of the surgeons to the West of England Eye Infirmary.

DR. H. L. KEMPTHORNE.

IT is with great regret that we record the premature death of Dr. Henry Law Kempthorne, a physician of great promise, who, though only twenty-nine years of age, had already attained a high reputation in that branch of the profession to which he was devoted.

He was born at Wedmore, in Somerset, of a family remarkable for University distinction. His grandfather was senior wrangler in 1790, his father a distinguished scholar, and his only brother a first-class classic and Fellow of Trinity College, Cambridge. He was educated at Marl-

borough, and in 1858 was articled to Horace Swete, Esq., of Wrington, who writes,—"No man ever had a better pupil, nor has the profession ever had a member of greater promise."

In 1860 Dr. Kempthorne entered at King's College, where he gained the Warneford Scholarship, and numerous prizes. He obtained the gold medal of the Apothecaries' Company for Materia Medica, and at the University of London he took honours at the First and Second M.B., and in 1865 obtained the highest medical distinction conferred by the University, the gold medal at the M.D. examination. He took the L.R.C.P. in 1863, and the M.R.C.P. in 1869.

Universally esteemed by the students, and by the medical staff, he held office as house-physician and resident accoucheur at King's College Hospital. He was also resident medical officer to the Carey-street Dispensary, and was elected in 1866 assistant medical officer to the Bethlem Royal Hospital, which post he held till his death.

The energy with which Dr. Kempthorne carried out anything he undertook was characteristic. Among his fellow-students he had the reputation of succeeding in whatever he put his hand to, and he worked with such determination as to obtain everything he tried for.

His power of dealing with disease was due to the clearness of his perceptions, the readiness of his mind, and the dogmatic authority which ensured obedience, and rendered him peculiarly successful with the insane. He had, moreover, a confidence in drugs unusual among his contemporaries, and employed them with vigour and decision.

Always apt to work spasmodically, he often read all through the night, became restless and feverish, could not sleep without chloral, which he prescribed for himself, and took to excess. He gave up eating solid food. Neuralgic pain in the jaw occurring, he induced a dental friend to remove a stump, and a surgical friend took out from the gum a bit of fissured alveolus. After exposure to cold, inflammation of the submaxillary gland—only subdued by leeches—added one more to the many exhausting influences; he became delirious, thoroughly prostrate, and sank on May 16th. He was buried at Wedmore, where he was much beloved.

SAMUEL JOHN JEAFFRESON, M.D.,

OF LEAMINGTON.

THOUGH Dr. Jeaffreson had for some time exhibited signs of physical decay, the announcement that he had expired at Cannes, whither he retired in the hope that rest and change of scene would, in some measure, reinvigorate a failing constitution, occasioned scarcely less of surprise than regret to the majority of his numerous acquaintance in Warwickshire, where he had for many years practised his profession with pre-eminent success. His loss will be deplored by a large circle of patients and personal friends, whose bereavement is all the more severe because the able physician and benevolent man had barely entered the period of advanced years, when death closed his career of honourable usefulness. Born of a family which has given medicine several greatly successful professors, Samuel Jeaffreson was a son of the Rev. Christopher Jeaffreson, M.A., formerly rector of Tunstall, Dunningworth, and Iken in Suffolk, and of Loughborough and Seasoncote, Gloucestershiry, a well-beneficed clergyman, who was in his day favourably known in London society. After graduating in medicine at Cambridge, Samuel Jeaffreson became a member of the Royal College of Physicians, and, settling in Half-Moon-street, essayed to establish himself in metropolitan practice. But less fortunate in the western quarter of the town than his cousin, Henry Jeaffreson (of St. Bartholomew's Hospital), in the city, he failed to draw to his consulting-room so numerous a body of supporters as would have induced him to persevere in the struggle for recognition in the capital. Whilst the physician of St. Bartholomew's Hospital rose to lucrative practice with singular quickness and facility, Samuel Jeaffreson attracted but few patients in the district of the town, where his brother William, the oculist, followed his profession for several years between his return from Bombay and his early retirement from surgical practice. Untoward fortune had, however, no injurious effect on the buoyant spirits and kindly temper of the aspirant for medical employment, who no sooner changed the scene of his enterprise than he achieved a measure of distinction and prosperity that fully compensated him for whatever mortification previous failure had occasioned him. Withdrawing from town and establishing himself in Warwickshire, he speedily surrounded himself with congenial and influential friends, and gained all the professional rewards attainable by a physician in so populous and fashionable a town as Leamington. In due course he became a Fellow of the College of Physicians, and physician to the Warneford and Leamington Hospital, and to the Warwick Dispensary; and, whilst drawing large emolument from practice amongst the most affluent and cultivated classes of Leamington residents and visitors, made himself no less beloved by the poor who came under his charge than cordially regarded by his professional neighbours. Though it is probable that no little of his first success in Warwickshire was due to a name which caused him to be confounded in the popular mind with a still more successful physician, it is certain that Samuel Jeaffreson's good fortune and social prominence were the result of his own sterling worth. A man of large intellectual attainments and liberal culture, he combined the pleasant manners and dignified urbanity with the mental qualifications of an accomplished physician; and he will be long remembered for his unaffected amiability and genial kindliness in the neighbourhood where he was for many years an important social power. Dr. Jeaffreson's principal contribution to medical literature consisted of some papers on ovarian disease, a department of pathology in which his cousin, William Jeaffreson of Framlingham, effected much for the advancement of surgery and the alleviation of suffering. In comparatively early life Dr. Jeaffreson married a daughter of James Keirney, the dramatic writer, by which lady he had several children, besides the two sons, James and Christopher, who have adopted their father's profession.

ROBERT NASMYTH, ESQ.

AT an advanced age, the most distinguished practitioner of dental surgery in Edinburgh has been lost to the profession. Mr. Robert Nasmyth was a native of the city in which he died, and pursued his medical studies at the University. In 1811 he became Licentiate, and in 1823 Fellow, of the Royal College of Surgeons, the latter year being also that in which Mr. Syme was admitted to the same honour. He held the post of Surgeon-dentist in Ordinary to the Queen for Scotland; and in all respects, even in the matter of fees, he jealously maintained the dignity of his calling. He has left, we believe, no contributions to the literature of his subject; but he was well known as a most accomplished pathologist and skilful operator. The late Professor Goodsir was for some time his pupil and assistant.

PROFESSOR LORDAT.

THIS celebrated Professor of the Faculty of Montpellier has lately died at the advanced age of ninety-eight years. A great supporter of vitalism, which is the creed of the Montpellier school, he occupied the Chair of Physiology for half a century, and, as a worthy follower of Barthez, Grimaud, and Dumas, shed considerable lustre on the Faculty. Strange to say, he held for some time the Chair of Operative Surgery, and only gave it up to take the Professorship of Physiology. The works of Lordat are numerous, and many of them have been translated into several European languages. He was for a long period the head of the Montpellier school, and enjoyed the esteem of all who knew him.

BY the death of W. C. Wilkinson, Esq., which took place on the 20th inst., Spalding has lost one of its most successful medical men. He had been in practice there forty-six years, and attended a large number of the leading families of the district. He was sixty-nine years of age; was an honorary F.R.C.S. England, 1853, M.R.C.S. 1825, L.S.A. 1825; and was senior surgeon of the Spalding Dispensary.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having passed the required examination, were admitted Licentiates in Midwifery on the 25th inst.:—

Clark, Andrew, Greenford, near Harrow; diploma of membership dated November, 1869.
Goodsall, David H., St. Mark's Hospital; May, 1868.
Preston, Theadore J., Belsize-road, N.W.; January, 1870.
Timothy, P. V., Worship-street; July, 1855.
Walker, Samuel, York; April, 1870.

The following gentlemen passed the first part of the professional examination for the diploma of Fellow of the College on Tuesday and Wednesday last:—

Michael C. Furnell, St. Barthol.; Charles Royston, St. George's; Edward M. Wrench, St. Thomas's; James Keene, St. George's; James Beavan, Dublin; Henry Cookson, Edinburgh Univ.; John T. Mackenzie, Guy's; John Alcock, King's Coll.; William E. Allan, Univ. Coll.; Thomas H. Hawkins, King's Coll.; John G. French, Dublin; Stonard Edye, St. Barthol.; John Woodman, Guy's; John Warner, St. Barthol.; W. Eagles, Middlesex Hosp.; William S. Wyman, St. Thomas's; Alfred Cooper, St. Barthol.; Charles Bradley, Leeds, Liverpool, and University Coll.; W. K. Treves, St. Thomas's; William Stanger, Guy's; William B. Dalby, Paris and St. George's; J. N. C. Davies-Colley, Camb. and Guy's; Henry W. Saunders, St. Thomas's; Henry E. Southee, Guy's; Reginald Verly, Univ. Coll.; John E. Shaw, Edinburgh; Samuel W. Fitt, King's Coll.; George A. Phillips, St. Barthol.; Douglas W. Duke, Guy's; Geoffrey C. Hall, Guy's; Douglas W. Giffard, St. Barthol.; Barrington S. White, King's Coll.; Henry Y. Pitts, Liverpool; A. W. Harding, Univ. Coll.; John E. Edwards, Guy's; Charles Read, St. Barthol.; C. A. Rayne, Manchester and Univ. Coll.; E. G. Russell, Guy's; P. H. Bindley, Birmingham and Univ. Coll.; T. Barlow, Manchester and Univ. Coll.; T. K. Clark, Cambridge and Guy's; F. C. Cross, King's Coll.; T. Cuddiford, St. Barthol.; A. Buchanan, Guy's; S. Coupland, A. R. Saunders, J. Magrath, C. W. S. Deacon, Univ. Coll.; Edward Yate, St. Barthol.

Ten other candidates were admitted to their *viva-voce* examination, but failed to acquit themselves to the satisfaction of the Court, and were referred to their anatomical and physiological studies for a period of six months.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 19th:—

Eagle, Henry Frederick Charles, Bethnal-green-road.
Latham, William Henry, Sandbach, Cheshire.
Leigh, Richmond, Shaw-street, Liverpool.
Smith, William John, Park-gate, Rotherham.

As Assistant in Compounding and Dispensing Medicines:—

Walker, John Sydenham, Beverley, Yorkshire.

The following gentleman also on the same day passed his first professional examination:—

Latimer, Henry Arthur, Guy's Hospital.

DR. J. HAWKES, Dr. Herbert Tibbits, and Mr. J. N. Radcliffe have been elected Fellows of the Zoological Society.

THE Lords of Her Majesty's Council have awarded the sum of £9 17*s.* to Mr. Freeman, surgeon, of Hartlyrow, in consequence of the favourable report made by their inspector of the state of vaccination in his district.

"HOSPITAL SUNDAY" IN THE LAKE DISTRICT.—Collections were made simultaneously in about a hundred churches and chapels in Cumberland and Westmoreland on Sunday week, in aid of the medical charities of the two counties.

SUFFERING CHILDREN. — The Hospital for Sick Children, established in 1852, in Great Ormond-street, held its annual festival on Wednesday evening, in Willis's Rooms. The Prince of Wales, representing the Queen and the Royal Family, who have always taken the warmest interest in the welfare of the institution, presided on the occasion, and in the course of a highly appropriate speech, announced that whereas in 1852 the number of in-patients was 143, and that of out-patients 1250, these figures had risen last year to 709 of the former, and 15,780 of the latter. Last July, moreover, a convalescent home at Highgate had been added to the resources of the hospital. A new building in Great Ormond-street is, however, required, and with that object, as well as for the general support of the institution, a subscription was opened, which, at the close of the proceedings, amounted to no less than £4560, of which his Royal Highness subscribed £100, and an anonymous donor £1000.

Medical Appointments.

ANDERSON, J. R., M.D., has been appointed Medical Officer for Canonbie, Dumfriesshire.
ASHWELL, M., M.R.C.S.E., has been appointed a Medical Officer to the North Staffordshire Infirmary, Hartshill, vice W. Walsh, L.K.Q.C.P.I., resigned.
BRIDGMAN, I. T., M.R.C.S.E., has been appointed Surgeon for the Berkeley District of the West Gloucestershire Friendly Society, vice J. C. Hicken, M.R.C.S.E., deceased.
CARTMEL, H., M.R.C.S.E., has been appointed Surgeon to the Manchester and Salford Asylum for Female Penitents, Embden-street, Greenheys.
CHRISTIE, T. B., M.D., Superintendent of the North Riding Lunatic Asylum, Clifton, Yorkshire, has been appointed Superintendent of the new India Office Lunatic Asylum at Ealing.
DIGAN, P., M.D., Staff Surgeon R.N., has been appointed Visiting Surgeon at Southampton, under the provisions of the "Contagious Diseases Acts" (Women).
EVANS, T., M.D., has been appointed Medical Officer and Public Vaccinator for the Llandyssilio District of the Aberayron Union, Cardiganshire, vice T. Jones, M.R.C.S.E., resigned.
FERRIER, Dr., has been appointed Lecturer on Physiology at the Middlesex Hospital Medical School.
FINLAY, Dr., has been elected Medical Officer for Gariff and Bundorragha, in the Westport Union, Co. Mayo.
HALPIN, G. H., L.R.C.P.Ed., has been appointed Medical Attendant to the Fever Hospital, Wicklow, vice Nolan, deceased.
JUKES, A., M.R.C.S.E., has been appointed House-Surgeon to the Halifax Infirmary, vice T. M. Joseph, L.R.C.P.L., resigned.
LENNY, A., M.D., has been appointed Assistant to the Resident Medical Superintendent of the Richmond District Lunatic Asylum, Dublin.
LYNCH, F. E., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Anamoe Dispensary District of the Rathdrum Union, Co. Wicklow, vice John Hatch, M.D., resigned.
MACKEITH, D., M.D., has been appointed Medical Officer for the Bodium District of the Ticehurst Union, Sussex, vice F. A. Young, F.R.C.S.E., deceased.
MITCHELL, A., M.D., has been appointed a Commissioner in Lunacy for Scotland, vice W. A. F. Browne, L.R.C.S.Ed., resigned.
PEARLESS, C. D., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Sevenoaks Union, vice C. Lovegrove, M.D., resigned.
PHILIPPS, D., M.R.C.S.E., has been appointed Medical Officer for the Parishes of Staverton and Rattery, in the Totnes Union, Devon.
ROBSON, F. A. H., M.D., has been appointed Medical Officer for the Iver District of the Eton Union, Bucks, vice W. W. Leadam, M.D., resigned.
ROUSE, L. R. H., M.R.C.S.E., has been appointed Medical Officer for the High Halden District of the Tenterden Union, Kent.
ROWELL, G., M.R.C.S.E., has been appointed Junior House-Surgeon to the Newcastle-upon-Tyne Infirmary, vice Walpole, resigned.
SLACK, R., M.D., has been re-elected Physician to the Warneford Hospital, Leamington.
SWINSON, H., L.F.P. & S. Glas., has been appointed a Medical Officer to the Leamington Mutual Medical Aid Society.
WEAVER, J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Caverswall District of the Cheadle Union, Staffordshire, vice C. H. Greene, L.F.P. & S. Glas., resigned, and appointed to the Longton District of the Stoke-upon-Trent Union.

Births, Marriages, and Deaths.

BIRTHS.

CLOUSTON.—On the 23rd inst., at Garlands, Carlisle, the wife of T. S. Clouston, M.D., Medical Superintendent of the County Asylum, Carlisle, of a son.
FRODSHAM.—On the 18th inst., at Upper Streatham, the wife of John Mill Frodsham, M.D., of a daughter.
JONES.—On the 16th inst., at Ruthin, the wife of W. D. Jones, L.R.C.P.Ed., of a daughter.
KIDD.—On the 23rd inst., at Newton-terrace, High-road, Lee, the wife of Leonard Kidd, M.B., Surgeon Army Medical Staff, of a daughter.
WATSON.—On the 14th inst., at Montrose, the wife of W. M. Watson, M.D., of a son.
WILLIAMS.—On the 3rd inst., at Queen-street, Hurst, Ashton-under-Lyne, the wife of R. Worthington Williams, L.R.C.P., prematurely, of a daughter.

MARRIAGES.

EATON—WESTON.—On the 14th inst., at the Unitarian Chapel, Leicester, John Chamberlin Eaton, Surgeon, of Loughborough, to Emma, daughter of the late W. Weston, Esq., of Leicester.—No Cards.
PERN—WARNER.—On the 19th inst., at the Parish Church, Botley, Alfred Pern, F.R.C.S., L.R.C.P.L., of Botley, to Harriette, second daughter of William Warner, Esq., of Brook House, Botley.
TAYLOR—HASTINGS. — On the 22nd of March, at St. Mary Magdalen's Church, Meean Meer, Adam Taylor, Surgeon, H.M.'s Bengal Army, Civil Surgeon of Umritsur, to Alice Johnstone, eldest daughter of T. Hastings, F.R.C.S., Deputy Inspector-General of Hospitals, Lahore Circle.

DEATHS.

EVANS.—On the 16th inst., Maurice Bibby Evans, M.R.C.S.E., of Glascoed, near Oswestry, aged 35.
IRVING.—On the 21st inst., at Barrett's Hotel, Cecil-street, Strand, William Irving, F.R.C.S.E., late of Penrith, Cumberland, aged 61.
ROBINSON.—On the 12th inst., James Robinson, M.R.C.S.E., of Bolton-le-Sands, aged 64.
ROLFE.—On the 21st inst., W. Rolfe, M.D., of Bocking-end, Essex, aged 78.
THACKWELL.—On the 16th inst., Wm. Thackwell, M.R.C.S.E., of Winchcombe, Gloucestershire, aged 58.

Medical Diary of the Week.

Monday, May 30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Tuesday, May 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Seeley, "On Present English History."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. John Shortt, "On the Armenians of Southern India."—Mr. John Stirling, "On the Races of Morocco."

Wednesday, June 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Sir H. Thompson is expected to perform the operation of Lithotomy at 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Council Meeting.—8 P.M. Dr. Wynn Williams: "Cases of Cancer of the Womb successfully treated by Bromine."—Dr. Routh: "Case of Bilocular Uterus."—Dr. Rogers: "Case of Uterus and Vagina divided by a Septum."—And other papers by Dr. Hornblow and Dr. Saboia.

Thursday, June 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, June 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. John Birkett, "On the Nature and Treatment of New Growths."
ROYAL INSTITUTION.—8 P.M. Prof. MAX MÜLLER, "On Migration of Fables."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Annual Meeting.—Reports of Council and Treasurer.—Election of Officers for the ensuing Session.—Narration of Cases.

Saturday, June 4.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

THE BISHOP OF MANCHESTER ON CONTAGIOUS DISEASES.

THE Right Reverend Dr. Fraser, addressing a meeting of the Sanitary Association on Wednesday, administered some very sound and salutary advice to the agitators against the Contagious Diseases Acts. Premising that the sanitary should be kept apart from the moral question, he told his audience that one-third of the mortality in Manchester was indirectly due to the syphilitic taint—a fact which of itself sufficed to warrant the promoters of the Acts in the step they had taken. Legislation must deal with a plague which was sapping the national life, and poisoning the existence of thousands of innocent babes, undeterred by the opposition of persons whose attitude towards the Acts in question is as unreasonable as that of the opponents of vaccination.

An Assistant.—A man's prescription is his own property. The formula was, we may assume, entrusted to the proprietor of the establishment by the medical man who wrote it, and our correspondent would not be warranted in giving it to, or making it up for, another unless the permission to do so were first obtained.

Dr. Rae's verses on Sir J. Y. Simpson, having already appeared in an Edinburgh journal, cannot be inserted in THE LANCET.

THE MASSACRE OF THE INNOCENTS.

SCARCELY a day passes in which the newspapers do not contain particulars of infant deaths which, variously disguised as to their causes under apparently innocent descriptions, do, nevertheless, indicate to the observer who looks a little below the surface how largely crime is responsible for that excessive mortality in the first year of age which the mortuary statistics reveal. Perhaps one of these days it may occur to the Legislature of a country which has passed laws for the protection of children against the danger to their health which labour at an early age would occasion, that, at an earlier age than any yet provided for, the utmost protection which law can give is needed to preserve children from death through the negligence or design of those whose first care they ought to be. An inquest was held the other day in Camberwell on the bodies of two infants who had been found exposed in that district. Nothing could be gathered beyond the fact of death; identification was impossible, as decomposition had set in, so the verdict "Found dead" was returned. But now comes the remarkable feature of the case. It was stated at the inquest that no fewer than ten bodies of children had been found in the same district during the past few weeks, and that there were two baby-farming houses in the locality. No proof, however, was adduced that the bodies came from those houses, though we should like to have more assurance than we get from the report that some attempt was made to obtain such proof. It may be only a coincidence, but it is a peculiar one, and should be probed to the bottom. It is a grievous thing that "baby-farms" should not be under some kind of surveillance.

Mr. H. H. Granger, (Skipton-in-Craven.)—The fourth list of subscribers will be published in our next number.

KIRBY'S READY METHOD REMEDIES.

To the Editor of THE LANCET.

SIR,—The same reason which Dr. Jeaffreson assigns for noticing the failure of one of my many medicines—viz., "that they are becoming extensively used"—might, and I think should, have led him to infer that the single fact he records was exceptional, and probably accidental, and, as a matter of courtesy, to have sought the explanation direct from me, rather than through the columns of your journal. However, I am sure, in all fairness, you will allow me to give the explanation through the same medium.

In the first place, I wish to state positively that the coatings employed to cover my preparations have nothing whatever to do with, and cannot retard, their "*solubility*." I use the word in the sense it is used by your correspondent. These (the coatings) are quickly destroyed by the solvent power of the stomach, and the enveloped medicines are set free, and are diffused not only as readily as if they had not been coated, but much more readily than ordinarily prepared pills, which have been kept long enough to become dry and hard. The excipients I employ in the preparation of the masses are those expressly adapted to insure their solution and diffusion when brought into contact with moisture at blood heat. This being the case, how is the failure of the calomel granules to be explained? Simply in this manner. It is possible, and I fear very likely, that gum acacia—a very improper excipient—was, contrary to my orders, used in the preparation of the mass. It is not commonly known that gum acacia and calomel form a very hard and, by the way, a very useful *cement*, most difficult of solution. The presence of the gum was quite enough to destroy the solubility of the pill substance. It must be in the experience of many of your readers to have found undigested pills (which have never been coated) in the stools of their patients. The old pil. Plummeri and some of the combinations of aloes and iron of the old Pharmacopeias were constantly voided unchanged.

One other observation, and I have done. In disorders of infants, the digestive powers are often much enfeebled, and the solvent power of the stomach for a time completely arrested. These are not the patients to select to test the solubility of any substance whatever. How frequently do we find, under such circumstances, bits of meat, currants, and other vegetable matter in the stools of these little folk, quite unchanged, hardly "soft and swollen"?

It is no exaggeration to say that my medicines are extensively used; they have been employed by the same practitioners during the last two or three years over and over again. Could this be the case if the preparations were faulty either in their solubility or general efficiency? If any of your readers have been unfortunate enough to have used calomel granules which have disappointed them, I hope they will kindly communicate with,

Yours faithfully,

The Laboratory, Newman-street, May, 1870. EDMUND A. KIRBY.

A Medical Officer of Health will perceive that our attention has been directed to Appendix C of the Registrar-General's Report just issued, and especially to the paragraphs indicated. The "Remarks" of the Registrar-General do not appear to have been regarded as very important by the Royal Sanitary Commissioners, to whom his paper was addressed; for we do not find them included in their official Report.

L.R.C.P.—Inquire of the Secretary.

WE have been requested to say that the late Dr. Jephson, Deputy Inspector-General of Hospitals, died from debility consequent upon repeated attacks of intermittent fever, and not from the effects of cholera, as has been stated.

THE "EXPLANATION REQUIRED."

To the Editor of THE LANCET.

SIR,—I have to thank Mr. H. K. Debenham, of Prestcigne, for calling the attention of the profession to an unauthorised reprint of my paper on "Perforation of the Stomach" in the *Hereford Times*. As I never see that journal, and no friend, medical or otherwise, has thought proper to inform me of the unwarrantable liberty taken by that paper with my communication to you, Mr. Debenham's letter in to-day's LANCET (which, in my opinion, is not written in the best possible spirit) is the first and only notification I have had of it. I hope it is hardly necessary for me to tell you, and, through you, the rest of the profession, that the reprint in question was made *entirely* without my authority or knowledge.

Yours truly,

Rhymney, *May* 21st, 1870. T. HALL REDWOOD.

A DISTINGUISHED FRENCH SURGEON'S OPINION ON THE CONTAGIOUS DISEASES ACT.

To the Editor of THE LANCET.

SIR,—As the influence of the Contagious Diseases Act is at the present moment creating considerable discussion in the provinces, and as the practical working of its enactments has become the subject of much misrepresentation, perhaps you will kindly admit into your columns the following scientific contribution from Mons. Le Fort, a Parisian surgeon of eminence, and who has himself been employed by the French Government in carrying out the laws relating to contagious diseases in Paris.

I am, Sir, your obedient servant,

Queen Anne-street, Cavendish-square, May, 1870. W. ACTON.

MY DEAR AND MUCH HONOURED COLLEAGUE,—Not being able to remain longer in London, it was only on my arrival in Paris that I was enabled to read the interesting article on "Prostitution," published in the last number of the *Westminster Review*. Although much astonished at seeing what singular ideas the author gave me credit for, I should not have attempted to rectify them if there was not over and above this small personal question of *amour propre* another of general interest of still greater importance. Refusing to admit the advantage of extending to the civil population measures rendered legal by the Contagious Diseases Act, the author ought to have endeavoured to show that similar measures have not produced any useful effect in countries where they have been carried out. Unfortunately, as regards France, it is only at the cost of numerous errors that the author has been able to avail himself of this line of argument. I shall only mention the most important.

To show that there is more syphilis in Paris than in London, Dr. Chapman relies upon the fact that we have in special hospitals 806 beds especially appropriated to the venereal diseases of both sexes. This proof is far from having the value that the writer attributed to it; for it only proves that, whilst we do not regard syphilis as a punishment inflicted by Heaven on vice, but as an illness, we are more charitable, or at least more indulgent, towards those who suffer. This is not all; for, according to Dr. Chapman, these numerous beds do not yet suffice. A great number of venereal patients are taken care of in the ordinary hospitals, and that contrary to the rules. A shop-girl, says he, and others, when they become infected, resort to every imaginable *ruse* to obtain admission into the general hospitals, rather than suffer what they would feel to be the stigma, and perhaps grave pecuniary as well as social injury, which would stick to them were they to enter the St. Lazare or Lourcine. In another article also of the *Westminster Review*, he added: "As the presence of these patients (in the general hospitals) constitutes an infringement of the rules, the papers which authorise their admission do not indicate the real nature of the disease. Usually the disease named in the paper is '*fever*.' By the aid of this designation every patient may be admitted without difficulty, and without awakening the attention of the administration."

There are in these remarks many errors. St. Lazare only receives the prostitutes inscribed in the police-book, or women actually found prostituting themselves, or arrested for theft, and found diseased. As to the tricks employed by the patients in order to be received into the general hospitals, the writer of the article has seen what we do not see; for during the twenty years that I have been attached to the hospitals of Paris, I have never noticed a single instance in which the civil administration has refused admission to a patient should she suffer under syphilitic disease, except in the case unfortunately too frequent—namely, the patient not habitually residing in Paris; but this exclusion applies to all, whatever be the disease, except in a case of emergency. As regards our letters of admission, they never bear on them more than two words, "fever," "wound," which to the admission clerk means that he should put on the register the age, the name, and the residence of the patient. "Fever" means, Convey the patient into a medical ward; "wound," Send the woman into the surgical department. It is not on the letter of admission; it is on the card at the head of the bed that the diagnosis is placed.

The argument based on the large number of syphilitic patients attended in the general and special hospitals, if it had any value, would be opposed to the opinions of Dr. Chapman. My friend Dr. Drysdale, in a paper he read on the 1st July, 1867, before the Harveian Society, and you yourself in your remarkable book on "Prostitution," show us that more than a third of the surgical out-patients treated in the hospitals of London suffer from venereal affections. The proportions in Paris are very different. Taking the in- and out-patients of the general hospitals, as well as the in- and out-patients of the Lock hospitals, Du Midi and Lourcine, we may pretty accurately say that there is only 1 venereal patient among every 10. In our ordinary consultations the proportion is about a thirtieth. Thus in 1866, amongst 325,287 patients, 10,842 suffered from venereal affections; and even if we add to this number the 19,526 cases seen by my colleagues and myself at the Hôpital du Midi, and the 1477 cases seen by the surgeons of the Lourcine, we should be still far from arriving at the proportions observed in London. Even supposing I should admit, for the sake of argument, that there was more syphilis in Paris than in London—a fact of which I am ignorant, and which no one can accurately know,—it would prove nothing against the efficacy of sanitary measures. There are in Paris 4000 registered women, who are regularly examined; 40,000 may escape the examination: and these alarming figures are due to the circumstance that Paris has become during the last fifteen years a city of pleasure, of luxury, and a rendezvous of all the *gallants* of Europe. From what we do know, we assert that without sanitary measures the evil would be still greater. What we wish is to extend the benefit, at the same time that we deprive prostitution of what is arbitrary—that is to say, to make it a work of public hygiene, and not one of police.

The great number of venereal patients found in the English army and navy was the cause of the passing of the Contagious Diseases Act. Dr. Chapman ought naturally to be anxious to show that there exists with regard to prostitutes as much, if not more, of venereal disease in the French army, notwithstanding the sanitary examinations. To arrive at this demonstration, he should certainly show that the official figures furnished by the French medical statistics are not true statements; and Dr. Chapman, on his own private authority, has the full power to affirm, firstly, that the special statistics of venereal patients only give figures relating to patients entering the hospitals, and not that of the soldiers treated at the infirmary or *à la chambre*; moreover, that soldiers on six months' leave form a great proportion of convalescents from venereal diseases, which do not appear in the statistics. These assertions are completely destitute of truth. In France Government grants leave of absence to many soldiers who have completed their military education, and these men are in no respect to be classed as convalescents. Lastly, the French medical statistics ever since the year 1865 have given the number of venereal patients treated in the hospital, in the regimental infirmary, and *à la chambre*. What is their number? In 1865, among an effective force of 348,968 men, there were 31,918 venereal patients treated in the hospital, in the infirmary, and *à la chambre*. In 1866, among an effective force of 336,233, there were 32,636 venereal patients—that is to say, in 1865 there were 91 venereal patients in every 1000 men; in 1866 there were 97 venereal patients in every 1000 men. In England, among an effective force of 73,262, 21,296 suffered from venereal disease, or 290 per 1000, according to Mr. Vintras. It follows, then, that in every 1000 soldiers, nearly 200 more men suffer from venereal affections in the English army than among French troops. The calculations, then, of the *Westminster Review* are far from the truth, and Englishmen have every reason to take these figures into their serious consideration.

After having thus attempted to demonstrate that sanitary measures have produced no useful effect in Paris, Dr. Chapman wishes to show that the system is condemned in France—at least in its application, if not in its principle; and he debits me with having given utterance to opinions which I have never entertained.

Numerous facts have proved to us in Paris the utility of sanitary examinations, and the dangers attending clandestine prostitution. Registered prostitutes, being sent to hospital when they are diseased, cease to be sources of danger to the public health. Clandestine prostitutes are not examined; seldom do they come into hospital, but continue, although diseased, to live by prostitution, and thus become the source of a great number of complaints. Among 13,818 clandestine prostitutes arrested from the 1st January, 1861, to the 31st December, 1866, 3725 were found infected. On the other hand, among 4087 venereal patients treated by me at the Hôpital du Midi, 2302 had become infected by unregistered women. In 780 cases, it is true, the disease followed intercourse with registered prostitutes.

I have criticised the system followed in France less in its principle than in its application. I have stated that the medical examinations entrusted to medical men—too few in number, and badly paid—are insufficient; for if these examinations were efficiently done, venereal diseases would be rarely communicated by registered prostitutes. In estimating at 10,000 the number of prostitutes who ought to be examined, 20 surgeons would suffice in order to efficiently discharge the duty. The difficulty does not lie in this direction. The benefit of our preventive measures is thwarted by the fact that they can be rarely applied to women under age; the father opposing the inscription of his daughter if a minor, and refusing to have her examined. Among the 13,818 girls arrested as notorious and habitual prostitutes, 7277, being minors, have been reclaimed by their family. Now, as a prostitute of 18 years of age is, when diseased, as dangerous to the public health as a girl of 22, I have ventured to show that this obstacle ought to be removed. The inscription, such as it exists in France, has opposed to it, unfortunately, serious arguments. It is left to the option of the police, and it almost fatally devotes the women to perpetual prostitution. From the year 1857 to 1866, 220 registered girls only were married, and 347 only (having proved that they had other means of subsistence, and after six months of police supervision) have been struck off the police register. It is for these reasons that, although a great supporter of health inspections, I have advised the French Government to borrow from the English Contagious Diseases Act, measures which I find excellent. Registration should be no longer arbitrary; but after appearing before a magistrate, temporary inscription for a year—which may be renewed in case of relapse or persistence in prostitution—should be insisted on. I ought, nevertheless, to say that this arbitrary inscription, however real, and however much to be regretted, has been exaggerated by fantastic stories. If I may credit some of my colleagues in England, an honest woman can no longer venture alone in Paris without the fear of being arrested as a prostitute. I am not cognisant of more than a solitary mistake, and that one occurred a few months ago, and produced a great sensation. It happened that two danceuses at the opera, MM. P., returning home at midnight, and talking quietly with a friend at the door of their house, situated in a quarter of Paris similar to the Haymarket, were—not, be it recollected, arrested, but—invited to enter quickly their dwelling by a police officer, who mistook them for prostitutes. The fact is, no doubt, to be regretted. But as to those stories of a lady of position talking with one of your compatriots in the garden of the Tuileries, and arrested by the police, I can only reply if your compatriot says he has seen it, I believe him; but if it had been I who had seen it, I would not have believed it.

The principal ideas that I profess with regard to prostitution have been briefly detailed in the English *Medical Times* for the 8th January. Dr. Chapman has given me credit for others; he only qualifies them as absurd. I ought to thank him for his indulgence; for my part I should consider similar ideas "*insensés*." "Mons. Le Fort," says he, "suggests that the only means of combating the evil with a chance of success are the appointment of a body of police to control 50,000 women, the compulsory residence of all (50,000) prostitutes of Paris in brothels, &c. &c.: a system which, in order that it may work effectively, is now said to need 50,000 policemen, and a corresponding large staff of medical officers." I regret that Dr. Chapman has not gone further, and has not also credited me with the sublime idea of attaching these 50,000 policemen to 50,000 women in the capacity of servants.

There exist in Paris 40,000 or 50,000 women who make a traffic of their persons; but if all in a moral point of view are prostitutes, they are not so in a sanitary sense. A large number among them—actresses for the most part—have their private clients, and have a direct interest in not infecting friends who from time to time visit them. Others, consisting of needlewomen, washerwomen, and shop-girls, find in occasional prostitution a means of augmenting an income which their ordinary work is insufficient to provide. Others, again, only exist on the commerce of their persons; it is to these last that sanitary measures can and ought to be applied. We may divide these last into two categories. The one have only become prostitutes because pressed by want. We may hope to see these return to an honest livelihood. The others have fallen so low that they can only be regarded as incurable prostitutes. The measures embodied in the Contagious Diseases Act applied in Paris to 10,000 women, whom one may qualify as common prostitutes, would produce an immense good. I have combated the toleration allowed by the police to *les filles isolées*; but in order that I may be understood in England, some details are necessary. In the actual state of Paris, *les filles isolées*, or *les filles de maison*, practise their avocation by the authority and under the surveillance of the police. I believe that their presence on the pavement is one of the numerous causes of the development of free prostitution. Since these *filles isolées* are completely under the power of the police, I persist in thinking that the police ought not to authorise them to stop passers-by, or make propositions to them. Dr. Chapman asks—Where shall we find our ideal policeman who could rightly determine what woman should be allowed the privilege of passing along the streets, or what

woman should be refused it? The reply is easy for me who speak but of Paris, and only of the legal actual situation. At Paris *les filles isolées* may walk up to eleven o'clock in the evening. The Boulevards and the Champs Elysées are forbidden them. If they are met after eleven o'clock at night, or in places where they ought not to go, the girls are punished. If the ideal policeman exists at Paris after eleven o'clock at night, he could also as well preserve his judgment (*perspicacité*) all the evening. I again repeat that it is not in the actual state of things in Paris that I object to the permission given to *les filles isolées* "to solicit" in the public thoroughfares. If all prostitutes were submitted to examination, it would in effect be absurd to oblige 10,000 women to live in brothels. It would be revolting to submit to this dire necessity women who, subjected to it for a year only, may still awaken to better sentiments. But if I would allow the prostitute to live by herself, I do not advise that she should freely, and with the sanction of the police, carry on her trade in the streets, as happens in Paris. Individual liberty has for its limits the attack made on the liberty of another. If we live in society, if we submit ourselves to the laws, if we pay heavy taxes, it is because we hope to derive some advantage. No man should be allowed, any more in London than in Paris, to walk naked; neither should we permit prostitution to exhibit itself in all its nakedness, as it would prevent our wives or daughters from walking out of an evening in the streets. It is my well-considered opinion that the regulations of the Contagious Diseases Acts should be applied to Paris as well as London. The fear of being arrested as prostitutes, of being brought before a magistrate, of being during twelve months subjected to a medical examination, would prevent many a woman from resorting to the streets for a livelihood, instead of honest labour.

Believe me, my dear and much honoured *confrère*, yours truly,
Rue de l'Université, Paris, May 2nd, 1870. LEON LE FORT.

W. R. S., Sufferer.—The persons whose names appear in the Medical Register have unquestionably received the qualifications for which they are registered. How can we tell whether a man is to be relied upon or not? We could not say as much of all the men in the Clergy List; but we take it that the appearance of a gentleman's name in one or the other is a guarantee, at any rate, of his being what he represents himself to be.

Flea will find flea-powder their greatest enemy.

Mr. M. R. Paston.—It is impossible to assign any particular date. Certainly not before six weeks after Whitsuntide.

THE OPERATION OF EXTIRPATION OF THE COCCYX.

To the Editor of THE LANCET.

SIR,—In your issue of May 14th, I read a letter from Mr. Lawson Tait on the above subject, in which he corrects an error on the part of an American surgeon, Dr. Nott, when the latter "claims to have been the first to extirpate the bones of the coccyx for the cure of coccydynia."

In common fairness I am sure you will allow me to state that some years since, kindly assisted by Dr. Oates and my assistants, I removed this bone for coccydynia, after I had endeavoured to effect a cure by bracing the health with suitable medicines, by blistering the parts over the bone with the acid nitrate of mercury, by hypodermic injections, and subsequently by subcutaneous division of the tissues attached to the coccyx. After removal, the bone was found to be diseased. The patient left the hospital perfectly cured, and was quite free from pain when I last saw her some time after the operation.

Besides by Sir James Simpson, this bone has been removed by Mr. Lawson Tait, and also, I believe, by Mr. Campbell De Morgan, by Mr. Spencer Wells, and by Dr. Kidd, of Dublin. As I have not seen in print any papers from these last three gentlemen, and quote from memory, should I be in error, they will, I am sure, be generous enough to forgive me.

Your obedient servant,
G. DE GORREQUER GRIFFITH,
Senior Medical Officer to the Hospital for Women and Children.
May, 1870.

Visitor.—There is a statue to Jenner near the head of the Serpentine in Hyde-park, and a statue of Hunter in the museum of the College of Surgeons. There are also statues of Hunter and Harvey on the new building of the University of London, and probably other memorials of all these worthies elsewhere. There is a fine brass over Hunter's grave in the nave of Westminster Abbey.

A Brother.—We really cannot undertake to prescribe the course of study or the best works to be read in order to qualify for veterinary surgeon.

Lex ought to make an application to the Commissioners of Lunacy, Whitehall-place.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Will you kindly insert the accompanying letter in THE LANCET. It is a copy of one I wrote to Mr. Heane, a surgeon practising in this neighbourhood. I regret very much taking up your valuable space; but as Mr. Heane has not thought proper to favour me with a reply, I have no other resource.

Yours obediently,
CHARLES WHATMOUGH, M.D.
Cinderford, Gloucestershire, May 17th, 1870.

Cinderford, May 3rd, 1870.

SIR,—Last Saturday week I was requested to visit Mr. Bruce's son, living at Constance's Factory. I did so, and desired them to send for the medicine in half an hour. Unfortunately a little girl called for it a short time before I returned home, and she declined to wait. I was not aware of that circumstance until the next morning, when I sent the medicine, and afterwards called myself. To my surprise I then learnt they had sent for you, and that you were in attendance.

Now, I have at all times (both when we *were* on friendly terms, and also since you have thought proper, *without any cause whatever*, to decline all friendly intercourse with me) been most careful to avoid interference with your patients, and have not done so, to my knowledge, in a single instance. To speak candidly, I have also given you credit for observing the same etiquette. I think it is only fair to you as well as to myself to write for an explanation, as you may not have been aware that I had previously visited the patient, and I scarcely think it can be your intention to inaugurate a system of disregard for ordinary medical ethics, which in the long run will be disastrous to both of us. I am, Sir, yours obediently,
Wm. Heane, Esq., Cinderford. CHARLES WHATMOUGH.

ALGIERS AS A HEALTH RESORT.

W. D., (Birmingham.)—Algiers, we understand, is yearly gaining in popularity as a health-resort for the phthisical. There is a large European population, among which the English are well represented. From the pulmonary patient's point of view, the city and its neighbourhood have considerable advantages over the South of France and the Riviera—the absence of the mistral being one of them; while the only trying time throughout the Algerian twelvemonth is the first three weeks of February. Egypt, justly popular as a retreat for the consumptive, is less easily accessible than Algiers, and more expensive. French physicians are, we believe, in great force in all the Algerian towns; and whether there be room for an English practitioner we know not. Our correspondent is referred for further information to the treatise of Bodichon, and the very witty and well-informed "Autumn Rambles" of John Ormsby, Esq.

Paterfamilias.—We have always been of our correspondent's opinion, that every new article of food should be analysed as soon as it is introduced—a practice which obtains on the Continent.

Medico, if he hold the Apothecaries' licence, can charge for his medicines, as well as for medical and surgical attendance.

Sierra Leone.—We have received some very lengthy letters and documents in reply to a communication which appeared in THE LANCET of the 26th March last from the Colonial Surgeon of this settlement regarding the sanitary measures adopted by the military and colonial authorities in November last, when epidemic cholera had reached midway between the Gambia and Sierra Leone. We must apologise for not giving them insertion; but the subject does not possess sufficient general interest to warrant our doing so.

Mr. Thomas Stokes is thanked for his *brochure*, which shall receive consideration.

"A VISIT TO THE DENTAL HOSPITAL."

To the Editor of THE LANCET.

SIR,—My attention having been drawn to a letter in your last number, under the above heading, signed "M.D. Edin.," I beg, as the lecturer therein alluded to, to make a short statement in reply to that letter, which I think it right to do in the interest of the institution and of the school.

The body of lecturers having been much inconvenienced by strangers who obtruded themselves, not only on a few, but on a whole course of lectures, and who have even gone so far as to apply for a certificate of attendance thereon, without having entered to the course, it was considered necessary by the lecturers generally to put a stop to this practice. It is scarcely necessary, however, to say that it was never intended by such resolution to exclude from attendance medical men or properly qualified dentists—all we require from them being that they shall make themselves known to us as such; and had your correspondent, "M.D. Edin.," done this on the occasion alluded to, he would have been most welcome to remain, and indeed to have repeated his visits had he so wished.

In conclusion, I beg to add that we always have been, and always shall be, not only pleased, but gratified to see properly qualified members of any department of the profession at our lectures. Yours truly,
Cavendish-square, May 24th, 1870. G. A. IBBETSON.

Mr. W. N. Dawson.—1. We are not aware of any facts tending to show that such effect would be produced, nor do we believe that the health of the husband would be affected by the cause stated.—2. Consumption is a wide term, and it embraces diseases allied in character, it is true, but still having several pathological differences, acknowledging diverse causes, and varying in severity and progress. The influence of hereditary transmission is too well marked and frequent to be doubted.—3. It is not the fact that the birth of twins would act in the way mentioned any more than the birth of a single child. Of course there might be some morbid condition induced by the confinement, or arising out of the puerperal state, that would prevent a woman from bearing again.

Inquirer shall be answered next week.

Sine qua non.—We do not know of any separate treatise of a reliable character. Prof. Humphry has some remarks on the subject in Holmes's System of Surgery; and there was, if we remember aright, a sensible lecture thereon in a number of the *New York Medical Gazette* about three months ago.

C. (Davies-street) suggests to "A Country Correspondent" that the bromide of potassium often answers all the alterative purposes of the iodide, without occasioning its unpleasant symptoms.

A General Practitioner can recover under any title by which he is enrolled on the Register.

INFANT MORTALITY.

To the Editor of THE LANCET.

SIR,—A few weeks since I was asked to see an infant, about four months old, a fine child when born, illegitimate, and put out to dry-nurse. I found it very pale and emaciated from unsuitable food, aided by Steedman's powders. I ordered the latter to be discontinued, and gave directions as to diet, requesting to be informed if the child did not improve. I heard nothing of it till nearly a month afterwards, when I was applied to for a certificate of its death. I asked what it died of, and was told "a touch of bronchitis." I refused the certificate. An inquest was held the following day, after which, meeting the coroner, he stopped me, saying he had held an inquest on a child who appeared to have died of convulsions. I expressed surprise, having been told that it died of bronchitis, but that I believed the real cause to be more likely atrophy from unsuitable food. The coroner appeared quite taken aback, and remarked that a very respectably dressed woman came forward, and said she had been frequently called in to hold the child when convulsed. He also said that the child appeared to have been *taken every care of*, though *no* medical aid was called in.

I remain, Sir, yours truly,
Falmouth, April 23rd, 1870. T. S. GUPPY, M.D.

THE MEDICAL REFORM QUACK DODGE.

THE so-called medical reform movement for the supply of drugs that are said to be of such recent introduction as not to be kept by any druggist is one of the latest dodges invented by advertising quacks. We have already adverted to this method. A correspondent forwards us a circular which was sent to one of his patients, who had been foolish enough to be attracted by an advertisement, stating that no remuneration of any description would be accepted. In answer to his application, he received a receipt for the cure of consumption, asthma, colds, &c., the first ingredient of which is powdered "anaracah-root," with quinine and extract of podophyllin. Of course this first drug (fresh from America) can only be obtained at a certain house. These gentlemen have every reason to be grateful for living in a country where the laws, the press, and the Medical Council allow them to pursue their trade without exposure, and with impunity to themselves, but grave injury to their unfortunate dupes.

Mr. H. Evans (Skipton) informs us that Mr. A. T. A. Broster, who addressed us on the subject of Hydrocyanic Acid, is an unqualified practitioner in that town, and therefore not entitled to prescribe to the public or to dictate to the profession.

PROPOSITION FOR AMALGAMATING THE BRITISH AND INDIAN MEDICAL SERVICES.

The Times correspondent for India, in a communication published in that journal for the 23rd inst., makes the following remarks, from which it will be seen that the scheme he describes does not differ in principle from one which we laid down recently in our columns:—

"While on this subject I may mention that a scheme is before the Government of India for reorganising the two medical services, the Queen's and the Company's. Would you believe it that India pays more than three-quarters of a million sterling every year for two sets of doctors, who clash with each other, and each set of whom has its expensive and unnecessary staff? What would have been easy in 1862—amalgamation—is impossible now. The plan favoured is that of making the Indian service purely civil, handing over the sepoy regiments to native doctors, supervised by the British service, and allowing any of the Indian service to join the Queen's, the two forming a sort of medical staff corps. The difficulty lies in this, that there are some members of the Government of India, with no love for the doctors, who will try to take away the Inspector-General and Deputy Inspectors-General of the Indian service, and put the whole under a civil Secretary, utterly ignorant of medical and sanitary matters. It is to be hoped, for the sake of efficiency, justice, and peace, that this will not be attempted. If the new civil medical service is properly organised, so as to unite in one system the present scattered units of sanitary commissions, inspectors of vaccination, superintendents of gaols, civil surgeons, and so on, who so often neutralise each other, it will be a great change for the people of India. The whole force of a skilled department will then be brought to bear on them, who at present are neglected, in spite of the enormous sum spent on the medical services. At least a fourth of the cost of both may be saved, with a great increase in power and usefulness. This is the opinion of the ablest surgeons of both services whom I have spoken to on the subject."

Alpha.—We must reiterate what we have often said before—viz., that we cannot undertake to give private answers, and we are averse to publishing the names of medical men supposed to be, in vulgar phraseology, good for this or that disease. Let our correspondent consult a man of respectability in his own neighbourhood first of all; and if *he* thinks additional advice likely to be useful, he will best indicate the proper person to whom to go for it.

THE BOUGIE OLIVAIRE.

WE have received another communication on this subject from *Mr. Foster;* but as neither he nor his antagonist is likely to convince the other, we think it right to close a controversy which has already lasted sufficiently long.

DISPOSAL OF SEWAGE AT LEAMINGTON.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask through your journal if any of your Leamington readers would kindly give me some information as to the practical value of the "A B C" system of purification of sewage now used at that town? The Report, just issued, of the Commissioners for Inquiring into the Pollution of Rivers is in favour of irrigation as, in most cases, the best method for the disposal of town sewage; but states that they visited the Leamington works at an unfavourable time, as heavy and unusual rains had just occurred.

We are here just drawing out plans for a fresh system of drainage, and information from any of your medical readers as to the value of either of the rival schemes would be warmly appreciated.

I am, Sir, your obedient servant,

Deal, May 25th, 1870. M.D.

Mr. George Okell.—The immoral nature of the advertisement in *Reynolds's Newspaper* has not escaped our notice. It appears to us disgraceful that the appearance of the advertisement in question, and of others of an equally disgusting and demoralising tendency, should be permitted. We would strongly advise our correspondent to forward a copy of *Reynolds's Newspaper* to the police authorities.

A Reader of THE LANCET *for Thirty Years* is thanked for his communication.

MEDICAL CLUB.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will be kind enough to allow me, through the medium of THE LANCET, to inform the members of this Club that the next house dinner will be held on Wednesday, the 8th June, and that J. Brady, Esq., M.P., will take the chair on that occasion.

I am, Sir, your obedient servant,

Spring-gardens, May 25th, 1870. H. T. L. BEWLEY, Secretary.

CANADIAN GRADUATES.

CANADIAN graduates are still allowed at St. Thomas's Hospital to attend all the practice and lectures, summer and winter, for £10. We cannot say if this privilege is allowed in other hospitals. A Canadian graduate entering into the competitive examinations would have an equal chance with the regular students as respects clinical clerkships and dresserships. As regards *house-surgeoncies*, they are given to men not only on account of their standing at examinations, but on the strength of three or four years' knowledge of their character and ability. Canadians have temporarily held the appointments, as well as the registrarships and resident accoucheurships. We believe that at this hospital Canadians have been found very intelligent and very conformable to English habits and customs.

MEDICAL EDUCATION OF WOMEN.

Mr. Henry Kingsley.—We regret that the pressure on our columns will preclude the possibility of inserting the list of signatures to the petitions sent up to the House of Lords.

Enquirer (Halifax) is informed that we never prescribe. Let him consult a medical practitioner.

BOILED WATER.

To the Editor of THE LANCET.

SIR,—I give my children boiled water, and thus save them from worms and perhaps from fever. But is there danger of causing rickets by precipitating the earthy matters from the water? Can any of your readers give me information? Yours obediently,

May, 1870. BOILED WATER.

Dr. Thomas Britton (Driffield, Yorkshire) is mistaken if he thinks that THE LANCET admits communications which have already appeared elsewhere. Our space is too valuable for the rehearsal of "thrice-told tales."

PROLAPSED FUNIS.

THE treatment alluded to by us in our last number was, we are told, first recommended by Dr. Thomas, of New York.

A Gentleman without any Qualification, who has been for five years practising in the West Indies, cannot obtain any diploma or degree in England by a year's residence.

Dr. Alex. Anderson (Edinburgh) is thanked for his son's communication, which shall receive insertion.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Maudsley; Dr. Dupré; Dr. Griffin, Southampton; Mr. Downing; Dr. Williams, Hurst; Mr. Sparkes; Mr. Banks; Mr. Oreton; Mr. Holding; Dr. Rose, Kidderminster; Mr. Date, Birmingham; Mr. Okell, Over; Dr. Ogilvie, Aberdeen; Mr. Bradshawe; Mr. Teape; Dr. Barclay; Mr. Evans, Skipton; Mr. Haynes, Worksop; Mr. Allenby, Liverpool; Mr. Thomas; Mr. Davis; Mr. Adams; Dr. Gervis; Mr. Lush; Mr. James, Rochdale; Mr. Edwards, Carnarvon; Mr. R. Dawson, Reading; Dr. Pearless, Sevenoaks; Mr. Hood, Kingston; Dr. Buck, Cressage; Mr. W. Easton, Bristol; Mr. Goddard, Burslem; Captain Burgess; Madame Brenner; Dr. Anderson; Dr. Fothergill, Leeds; Dr. Galton; Rev. E. S. Sall; Mr. Watson; Mr. Paston; Mr. Mayo, Chesterfield; Mr. G. Turner; Dr. Leadam; Mr. Ibbetson; Mr. Dawson, Brisbane; Mr. Wylde, North Adelaide; Mr. Steel, Horncastle; Mr. Hill; Mr. Gregg, Truro; Mr. W. Jones; Mr. Eley, Dublin; Mr. Horne; Dr. Black, Tipton; Mr. Townley, Graham's Town; Mr. Deane, Uppingham; Mr. W. Teuter; Dr. Rosser, Botley; Mr. Fry, March; Dr. Shearer, Hankow; Mr. West; Mr. Notley; Mr. Granger; Dr. Griffith; Dr. Still, Monaive; Mr. Jephson; Dr. Clarke, South Molton; Mr. Oakman, Battersea; Mr. Mead; Mr. Ellis; Mr. Cartmel, Manchester; Dr. Redwood, Rhymney; Dr. Symonds, Bristol; Dr. Kirby; Dr. Lodge, Everton; Mr. Brunton; Mr. Sinclair; Mr. James; Mr. Atkins, Scarborough; Mr. Richardson; Dr. Direks; Dr. Woodhouse, Fulham; Mr. Parkiss; Mr. Bird; Dr. Williams, Swinton; Dr. Waters; Mr. Carter, Oldham; Mr. Horgan; Mr. Wilkinson; Mr. Kingsley, Edinburgh; Mr. Ruck, Stockton-on-Tees; Mr. Stokes; Mr. Taylor; Mr. Bruce; Mr. Walker; Mr. Freeman, Hartley Row; Dr. Tomkins; Dr. Clouston, Carlisle; Mr. Spooner; Dr. Findlay; Messrs. Howe and Co.; Mr. Farr; Mr. Whitmore; Medicus; Enquirer; M.R.C.S.; Omega; M.D., Deal; Lex; L. N.; Bull's Eye; A General Practitioner; An Old Subscriber; M. A. B.; A Young Practitioner; F.R.C.S.; Alpha; M.D. Edin.; &c. &c.

North Wales Chronicle, Reynolds's Newspaper, Australian Medical Journal, Western Mail, Brighton Gazette, Tralee Chronicle, Cork Daily Herald, Fifeshire Journal, Bucks Herald, Weekly Despatch, La Santé Publique, Wolverhampton Chronicle, Western Morning News, Franklin Repository, Technologist, New York Medical Gazette, Welshman, Sydney Punch, and *Scarborough Gazette* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2 12 0
For every additional line	0	0	6	For a page	5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.